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THE JOURNAL

AUG 19 1922

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Florida Medical Association

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION

VOLUME IX
No. 1

St. Augustine and Jacksonville, Fla., July, 1922

Yearly Subscription, \$1.50
Single Copy, 15c.

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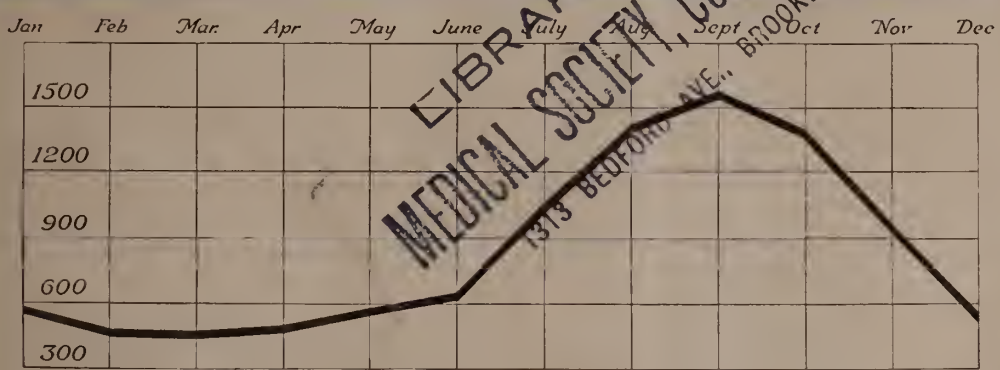
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THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION

PUBLISHED MONTHLY

Volume IX

St. Augustine and Jacksonville, Florida, July, 1922

Number 1

ORIGINAL ARTICLES

PRESIDENT'S ADDRESS.*

S. R. MALLORY KENNEDY, M. D.,
Pensacola, Fla.

Glancing through a bulletin of the American Medical Association, I read with interest a resolution adopted by the Indianapolis Medical Society at its meeting on April 25, 1922.

In brief, the resolution is a tirade against "state medicine," a term which the framers of the resolution admit "has meant everything and meant nothing," but which the framers of the resolution define "as the sum of a number of growing evil tendencies not commonly interpreted as having any part in medical socialism," and because the indicated abuses have been and are still indulged in and abetted by the state or its agents, the committee drafting the resolution proceeds to resolve.

They make twelve separate and distinct resolutions. Moses got by with ten commandments, but the gentlemen from Indiana go him two better—I should say three better—for they add one—"Be it further resolved."

Their Resolution No. 3 commends the establishment of free clinics for the treatment of tuberculosis, mental hygiene, venereal and other diseases of the indigent sick, but for no other than the indigent. Resolution No. 11 condemns all literature sent out by Boards of Health as "propaganda to create fictitious health problems," and characterizes it as an attempt to pauperize a great part of an independent people.

Resolution No. 9 particularly interested the speaker, so I will quote it verbatim: "That, while it endorses the efforts of the agents of the federal and state governments

in their desire to promote the health of the people, it condemns federal supervision of state medical activities, masquerading under the guise of federal aid." Please get that last line: "Condemns federal supervision of state medical activities, masquerading under the guise of federal aid."

Condemnation No. 12 states: "Recognizing that the successful treatment of sick people depends upon personal and confidential relations between physician and patient, which relations are impossible under any of the indicated evils, and knowing humanity in its strength and in its weakness, in health and in disease, in wealth and in poverty, we who dedicate our lives to the scientific investigation, prevention and treatment of disease, with firm conviction in the ultimate wisdom of our course, offer these resolutions and pledge our best efforts to uphold all true American ideals and principles." "Knowing humanity in its strength and weakness, and recognizing that the successful treatment of sick people depends upon personal and confidential relations between physician and patient, which relations are impossible under any of the indicated evils." Get that?

Well, how about old Resolution No. 3, that commends the establishment of free clinics for the treatment of tuberculosis, mental hygiene, venereal and other diseases of indigent sick?

This committee of five has placed itself on record in black and white as commending free clinics and all their evils for the indigent sick, but recognizes that the "successful treatment of the other class, those who are not indigent, depends upon "personal and confidential relations between physician and patient." We might call it the "personal touch."

Not only has the Indianapolis Medical

*Read before the Forty-ninth Annual Meeting of The Florida Medical Association, held at Havana, Cuba, June 27, 28, 1922.

Society gone on record with this statement, but they have furnished the Secretary of each County Medical Society in the state of Indiana with a copy of same. Spread it broadcast.

Now let us look at this proposition fairly and squarely. We can hardly discuss this matter without realizing that there are two entirely different viewpoints.

Only a few years ago—comparatively few—doctors thought only of cure. They knew little of prevention and had few specifics. Gradually physicians became interested in prevention which, in its broadest application, concerns society as a whole, while “cure” affects only the individual who is already ill.

Some doctors feel, the Indianapolis variety especially, that preventive medicine as preached and practiced by the governments, both national and state, will, if successful, replace cure, but such is not the case.

W. S. Rankin, of North Carolina, recently wrote: “To many people the difference between health and disease is largely the difference between the perpendicular and the horizontal positions of the body. They recognize as sick the two and one-half millions of American people who are physically incapacitated to the extent of being confined to their beds, but they do not recognize the forty-five millions of American people with impairments ranging from mild to serious, with physical efficiency ranging from ‘just able to be up and about’ to ‘not quite up to the scratch.’”

In many states State Boards of Health, with the hearty co-operation of the United States Public Health Service, are carrying on a war of education. Propaganda in the shape of monthly bulletins and pamphlets are distributed free of charge to all who can and will read them. These bulletins are written in A-B-C fashion so that he who reads may understand.

In many states special attention is devoted to those diseases which for obvious reasons are of special importance.

This public health education goes far in giving the public a general idea of just what can be done to prevent disease. The motion pictures are utilized with good results.

Parents are being told the symptoms of disease (for example, diphtheria), and are impressed with the fact that the earlier they can detect something wrong with the child and the sooner they can get in touch with the doctor, the better chance the child will have.

Can't the general practitioner and the specialists see that the wonderful public health educational work now being carried on all over this country can only do good in combatting ignorance and awakening in the ignorant the need for a better understanding, getting them away from superstition and, in many instances, voodooism, and teaching them to rely on the physician who by his special training is the only one qualified to minister to their ills.

In some states the directors of the educational bureaus strengthen their bulletins, pamphlets and educational talks with practical demonstrations, free treatments. In other words, after having told the public what can be done, they answer the gentleman from Missouri by “showing him” what can be accomplished.

Suppose, for example, state and government forces select your city or town for one of their demonstrations and proceed to wage war on hookworms, diseased tonsils, defective teeth, venereal diseases, etc., etc. Suppose they find conditions bad. Suppose they say so. They awake public interest. They then move their forces to another front and again give battle to the enemy. Has any harm been done? Has anyone been benefited? I ask you, as honest men, who has been benefited the most? The individual treated or the medical profession in that community?

The people have been taught the value of preventive medicine and the value of a scientific cure. They have been taught to avoid the charlatan and the quack, the healer,

whether he be the ordinary garden variety of catch-as-catch-can chiropractor, or the latest church edition, the healing mission by the gentle laying on of hands.

I will not believe that the medical profession of America is not cognizant of the co-operation that is being given it today by the State Boards of Health and the national government through the Public Health Service. From the day of its birth in 1889 the Florida State Board of Health has co-operated with the medical profession of this state. Guided by Joseph Y. Porter, a man whose knowledge, genius and judgment made the Florida Board the envy of all other State Boards of Health in the Union, that Board, after losing Dr. Porter, rocked to its foundation, until under the influence and leadership of Ralph N. Greene, a tireless worker and a profound student, it came once more into its own.

Then a great calamity befell this organization which for years had waged relentless war on disease in this fair state.

A legislature, caught in the wave of retrenchment following the war, without the knowledge of the State Board of Health, cut its appropriation in half, and a cripple was handed over to our present State Health Officer. I know of no one in the state better qualified to handle cripples than the present State Health Officer, Raymond Turck. The indigent as well as the wealthy crippled children of the South can testify to that, but he can do so much more for his present patient, if the next legislature will increase the patient's diet, that I am going to take this opportunity to ask you gentlemen who, if you are not, should be the molders of public opinion, to urge your senators and representatives from now until the next legislature meets, to give back to the Florida Board of Health that which it took away.

Work that is necessary for your Board of Health to perform cannot be undertaken because of lack of funds. I have told you of the co-operation on the part of the national government through the Public Health Service.

Let me tell you briefly what this Service is doing in general and what it is doing in particular for Florida.

Few of my hearers know that on the 16th of July (next month) the Public Health Service celebrates its 124th birthday. Beginning as the old "Marine Hospital Service," furnishing medical care to sick and disabled seamen of the American merchant marine, the evolution of health functions from such a service was along natural lines.

The medical officers in providing care for the American merchant marine were often the first physicians to diagnose such diseases as cholera, yellow fever, smallpox and typhus, which were often being imported in the United States.

This was especially so in our Southern ports as regards yellow fever, and even before the Civil war, when called upon by state and local health authorities, the president authorized the Marine Hospital Service to aid the health authorities in the control of these diseases.

The act approved April 29, 1878, gave very broad powers to the Marine Hospital Service to co-operate with state and local health authorities in the control of disease.

This was, for the most part, a quarantine act to prevent the introduction of contagious and infectious disease into the United States, but in 1890 Congress utilized the Marine Hospital Service as the federal health agency for the prevention of interstate spread of disease.

In 1902 Congress passed an act which changed its name to the Public Health and Marine Hospital Service and made it a health service in name as well as function. From then on a large part of the health functions had been in combatting epidemics, especially yellow fever which swept certain cities of the South from time to time.

When bubonic plague threatened the country in 1900 through the port of San Francisco, the Service was placed in charge of control methods.

On account of the way the situation was handled in San Francisco in 1900, and again in 1907, the public felt such confidence in the ability of the Service to control plague that the occurrence of cases of plague in ports like New Orleans in 1914, and Galveston and Pensacola in 1920, caused no panic and no interruption of commerce.

Practically everyone in Florida knows of the work done by the service in Pensacola in 1920 and the ease with which an epidemic that took seven lives from ten cases was got under control and quickly conquered.

Had the Service failed to have the hearty co-operation of the State Health Officer (R. N. Greene), and a Board of Health that was willing to back his judgment, a different story might have been written, but with state and federal authorities working in perfect harmony the Service was able to check the disease in humans two and one-half months after plague suppressive measures had been put into effect, and on August 15, 1921, no cases in humans having developed since August 3, 1920, and none in rodents since April 18, 1921, Pensacola was declared plague-free.

Here was direct supervision of a state's medical activities by federal authorities which the Indianapolis Medical Society would have you believe was a crime performed by the government "masquerading under the guise of federal aid." What would have happened in Pensacola, in the rest of Florida, in the rest of the South, had the federal government refused to take charge? The answer is an old one—the shotgun quarantine, and all that it spells.

Yellow fever epidemics are now a thing of the past so far as the United States is concerned. There is hardly a man within the sound of my voice who does not remember the chaotic conditions that existed in the South whenever yellow fever made its appearance.

"Suppression" of the fact that it existed in a community was the watchword, and it was charged that in some cities merchants put up

hush money to keep the fact of its existence quiet. It hurt business. A pamphlet on this subject was written by a New Orleans physician in 1898, and on its cover sheet bore this inscription, "Murder as a Money-Making Art."

In the early summer of 1905 there was an extensive outbreak of yellow fever in New Orleans. Officers of the Service were sent to that city and promptly assumed control of preventive and suppressive measures. Within a short time, and long before the occurrence of frost, the Service had the epidemic under control.

At the same time, Joseph Y. Porter, the State Health Officer of Florida, who was also quarantine inspector in the United States Public Health Service, was fighting an epidemic of yellow fever in Pensacola with splendid similar results, the last case occurring many weeks before frost. No other outbreak of yellow fever has occurred in the United States since.

In 1921 the Public Health Service had control of and in operation all quarantine stations in the United States and its insular possessions. Sixty-seven in the United States and Alaska, three in the Virgin Islands, ten in Porto Rico, eight in Hawaii, and eight in the Philippines. At these stations doctors are in charge who guard America from the pestilences of the world.

The state of Florida, with its 1,200 miles of sea coast and its numerous ports of entry, should be and is deeply concerned in just how well these doctors do the job. They are on duty 365 days in the year from sunrise to sunset. One miscue, one slip in making a correct diagnosis, failure to detain a vessel at quarantine that should be held, the failure to fumigate a ship with plague-infected rodents on board, may spell ruin for the port of entry and be followed by a state-wide epidemic.

At these stations we find the largest medical practice on earth, performed with energy, thoroughness and indifference to personal risk, the physicians fully appreciating

the responsibility resting upon them as the guardians from outside contamination of the health of more than 105,000,000 people.

At thirty-two foreign ports medical officers are stationed for the purpose of supervising the enforcement of the United States quarantine regulations applicable to vessels and personnel departing for ports of the United States.

With the resumption of emigration from certain areas of Europe, the Service has been most apprehensive of the spread of typhus to the United States. Typhus has been most prevalent in many military prisons and camps of Europe.

Even before the armistice, this danger was foreseen, and the Public Health Service sent medical officers to Europe to investigate and to prepare for the application of preventive measures at ports of departure.

Delousing measures are carried out, and vessels arriving from infected ports that cannot show that typhus preventive measures have been carried out to the satisfaction of the medical officer attached to the consulate, are held in detention on this side for twelve days after the application of delousing measures.

Never has there been any doubt as to the value of preventive measures at the port of departure, and the experience of the past year in preventing the introduction of typhus proves beyond the shadow of a doubt the value of such work.

With yellow fever reported in the Yucatan peninsula in more or less epidemic form, with a severe epidemic in Vera Cruz, and cases in Tampico, Peru and Brazil, with cases often occurring on ships entering ports of the United States, the infection has been successfully kept out of this country for the past fifteen years.

Assistant Surgeon General R. H. Creel, in charge of the Division of Foreign and Insular Quarantine and Immigration, in his report for 1921, in speaking of this achievement, makes the following comment: "If the Quarantine Service has accomplished

no more than this, it has many times paid the cost of its maintenance."

Plague is almost universal. We find it has during the past fiscal year been reported present at Cape Verde Islands, the Canaries, Azores, San Juan, P. R.; Tampico, Vera Cruz, in Asia Minor, Australia, India, Greece, Italy, South America, Egypt, many ports of the Mediterranean, the River Platte, Paris, Portugal, Spain, Straits Settlements, Mesopotamia, Madagascar, Peru, and many Oriental ports, with a noticeable increase in human plague at Hong Kong.

Keeping ships as nearly as possible rat-free by systematic fumigation as provided in the United States quarantine regulations, is enforced at all quarantine stations, and during the year just passed 6,598 vessels were fumigated for this purpose; 676 of this number were fumigated with hydrocyanic acid gas, at Pensacola.

May I, at the risk of tiring you, draw your attention to the recent activities of the Public Health Service in our own state?

On the night of June 11, 1920, I reported by wire to the Surgeon General a case of bubonic plague in the city of Pensacola, at the same time conveying the information to the State Health Officer, Dr. Ralph N. Greene, and on the morning of June 12th I compelled all vessels in the harbor lying at docks to rat-guard their lines and breast off from the dock four feet.

Since bubonic plague had never occurred in Pensacola before, it was of great importance to determine whether the patient had brought it in from some plague-infected port, or whether the infection had been contracted locally. The epidemiology showed that the patient had lived in Pensacola all his life, and had not been on a ship nor left the city during the previous six months.

On June 15th a second case developed, and on June 18th a third, which gave ample evidence that the human infection was coming from local rodent infection.

On the night of June 12th the State Health Officer and the senior bacteriologist of the

State Board of Health arrived in time to be present at the autopsy of the first case and to agree with the diagnosis.

In response to my telegram of June 11th, the Surgeon General issued orders for Dr. Williams, who had charge of the laboratory in New Orleans during the 1914 outbreak of plague, to proceed to Pensacola. This he did, and at once confirmed the diagnosis.

The Public Health Service laboratory car "Hamilton" which was being used in a rodent survey in Mobile, Ala., was at once ordered to Pensacola, and arrived on the afternoon of June 17th, in charge of Dr. R. R. Spencer. Trapping operations began on the morning of June 18, 1920.

By July 8th a rat-proofing ordinance was passed. This ordinance had been drawn by the Assistant Surgeon General R. H. Creel and submitted to the City Commissioners by Surgeon General Hugh S. Cumming and Assistant Surgeon General R. H. Creel on the day of their arrival in Pensacola. On July 6th a strict garbage ordinance was passed, and on July 12th a rat-guard and breasting-off ordinance for vessels was passed. Food depots and wharves were compelled to rat-proof first; residences were given more time. The citizens of Pensacola spent over \$383,000 for rat-proofing. Ten cases of plague occurred in humans; seven cases died.

The last case occurred on August 31st, just two and one-half months after the introduction by the Service of plague suppressive measures, which were kept up until the following year, and on August 15, 1921, Pensacola was declared plague free.

Are you gentlemen willing to believe that the Service in this instance attempted to create a "fictitious health problem," and do you believe, had this epidemic occurred in Indianapolis, that the Medical Society there would have condemned "federal supervision of state medical activities, masquerading under the guise of federal aid?"

The Public Health Service is the federal health agency for the prevention of the inter-

state spread of disease, and is always ready to co-operate with state, municipal or local authorities in the control of epidemics. Assistant Surgeon General A. J. McLaughlin is in charge of this division of domestic quarantine.

In addition to what I have already told you, here are a few duties performed by the Public Health Service to improve and protect the health of the people of the United States:

The Service makes a careful medical inspection of every immigrant who enters the United States. Those found to be suffering from any loathsome or dangerous communicable disease, or who are idiots, criminals or paupers, are deported.

Inspects the sanitary conditions prevalent on all common carriers, railway trains, steamboats, etc.

Examines at regular intervals the drinking water provided on all common carriers.

Makes investigations of the health and sanitary conditions surrounding those engaged in the various industries.

Conducts particular investigations into the sanitary conditions surrounding those engaged in the mining industry.

Maintains the hygienic laboratory, where technical studies in various public health problems are conducted.

Conducts studies in rural sanitation, with special reference to the problems of sewage disposal, safe water supply, and disease prevention in the rural districts.

Supervises the manufacture and sale and lists all serums, vaccines and antitoxins as well as arsenicals used in the treatment of venereal diseases offered for sale to the public.

Studies the diseases of man and conditions, including stream pollution which favor their development, transmission and spread.

Provides free virus to health officials, when so requested, for use in the treatment of hydrophobia.

Conducts special studies with reference to the cause, prevention and treatment of pellagra.

Maintains government hospitals for the treatment of merchant seamen, and until recently for the beneficiaries of the Bureau of War Risk Insurance, and persons entitled to treatment under the United States employes' compensation act.

Maintains laboratory cars which can be quickly transferred to any town or community in which there occurs an outbreak of disease.

Conducts campaigns in such states as are necessary, directed toward the extermination of rats and the prevention of bubonic plague.

Collects and publishes reports as to the prevalence of disease in the United States and other parts of the world.

Compiles the health laws of the several states and issues publications on this subject.

Publishes public health bulletins for the general dissemination of knowledge concerning sanitary subjects and prevention of disease.

Conducts campaigns against venereal diseases. Co-operates with the various State Boards of Health in anti-venereal disease work.

To perform these duties the Bureau in Washington has been enlarged and now comprises seven divisions, one section, and the chief clerk's office, the operations of which are co-ordinated and are under the immediate supervision of Surgeon General Hugh S. Cumming, an officer of broad experience, whose democratic methods have endeared him to all who have had the good fortune to meet and know the man.

I have endeavored to show you as briefly as I could what the service has done, is doing, and stands at all times ready to do.

True economy demands that a sufficient amount should be set aside annually for scientific investigation and demonstrations bearing upon the protection of the public

health. Is it any wonder that the Chief of the Division of Scientific Research in his last report should say, "While the insanitary disease-spreading privy continues to be typical of our rural conditions, while 7,000,000 people suffer annually from malaria, while one-third of our men of military age are unfit for military duty, and while a disease such as influenza can sweep across the country and kill 500,000 persons in the course of a few months, it is evident that there is a crying need that more attention be paid by the federal government to the problems of public health."

Preventable diseases are social problems; they must be solved by social remedies. In order to have public support, the public must understand what is needed and why it is necessary. Public education, therefore, is necessary. When the public is educated they will understand that the knowledge they received will help reduce disease and will mean the saving of human lives, and they will not condemn it as "propaganda and elements at work to create fictitious health problems," nor will the educated masses feel that they have been "segregated into a pauperized class."

PRESIDENT'S ADDRESS.*

JAMES H. PITTMAN, M. D.,
Jacksonville, Fla.

It is with pleasure that I address you on this occasion, the third annual meeting of our Association, and, too, the wonderfully inspiring salt sea breezes add emotions to our already anticipated dreams of the oasis we are about to encounter.

The railway surgeon, gentlemen, is not a figurehead, but he does, or should, represent his patient, his railroad, and his profession. I shall call your attention to a few points which I hope you will consider and discuss at this meeting.

Already the Southern States Railway Surgeons' Association, the American Railway

*Read before the Third Annual Meeting of The Florida Railway Surgeons' Association, held on board S. S. Cuba en route to Havana, June 26, 1922.

Surgeons' Association, and the several and most if not all the states have their organizations perfected, and if we continue to work arduously and uniformly with the one object in view, there is no reason why we cannot get results which will be of benefit to both the surgeon and the railroad company. It is true, the surgeon or medical representative of a railroad company plays a most important part in the ultimate results obtained and the attitude of the injured person towards the railroad company. We should look upon any case coming through official channels as if it were a private patient and devote that same care and tenderness which we would give our own, dear to us. There are several requisites one must possess to be a railway surgeon.

First of all, he should be a surgeon; that is, he should know when and when not to interfere. Just because a man is a railroad surgeon doesn't mean that he is expected to cut or treat surgically all cases coming to him, but he must know what to do in emergency for the best interest of the patient and the railroad.

Second—The surgeon should be an asset and not a liability to the railroad. One may be an able surgeon and capable of bestowing faithful attention to his own private cases and yet not measure up to the full standard of a railway medical officer.

There are special requirements, and the greatest of these are loyalty, interest and tact.

Being loyal doesn't require abatement of personal nor professional independence. A railroad expects from us frankness in statements just as our patients deserve and expect. Our profession demands the truth and nothing more, just as our high-minded official wants. There is no doubt in my mind but incompetency and carelessness at times is the cause of great loss to the company in settlements of damage suits and, too, the biased attitude shown on the witness stand will weaken our defense.

Third—The moral and professional standing of the railroad surgeon should be so high that his opinion is acceptable to all those concerned. It is better to regard the surgeon as a witness for right and not a witness for the defense. Public confidence in him, growing out of esteem for his scientific attainments and personal character, goes a long way towards causing his word to be respected and his judgment upheld. His conduct as a citizen is of tremendous importance.

It is my desire to see every railroad surgeon in the state of Florida become a member of our organization, "for in union there is strength." I would like to see The Florida Medical Association take us under their wing as an auxiliary, so to speak, and make some arrangements that membership in The Florida Medical Association gives us membership in the Railway Surgeons' Association, without additional cost as to fees and dues, just as the Southern Medical Association has done with regard to the Southern States Association of Railway Surgeons. I feel that this can be done if we can accomplish the one great feat of having all eligibles in the state members of the parent organization.

There are many important duties involving upon us and should receive prompt attention.

- (1) Better compensation for railway surgeons.
- (2) Transportation for surgeons and dependents.
- (3) Sanitary conditions of equipment and property.
- (4) Closer relations between local surgeons and heads.

As to the first, I feel that if a surgeon believes he is not sufficiently paid for his services it is partially his own fault. Why does the lawyer receive better compensation for his work than we do? Because he makes it to his advantage to do so. If the doctor shows to the railroad company that he is giving his best and undivided attention to

his railroad cases, the heads will soon find out, and he will be retained even if he does charge more than the specified fee list calls for. On the other hand, if he gives indifferent attention he will get indifferent pay. He should equip himself to do the very best kind of work and do that with kindness and gentleness.

No railroad would fail to realize the value of a corps of active medical men who were doing its work with thoroughness, and soon the company would recognize the wonderful asset the medical department is, and the increase in pay would return to them manifold in the saving in damage suits.

Transportation.—This matter has been brought up and taken up in many ways, and it seems the farther we go the less we accomplish. I have called on the heads of the important trunk lines in our state and only one road has agreed to give foreign transportation intrastate to medical meetings.

The American Railway Surgeons' Association is trying to accomplish this through the influence in Congress and the Interstate Commerce Commission. I would suggest this association appoint and send a delegate to the American Railway Association each year who will work with the Executive or Central Committee along these lines.

Third—Sanitary Conditions.—This problem has been discussed to a great extent and I feel the local surgeon can accomplish little as regards to the equipment and the excreta being deposited along the roadbed, but at the same time we should all think and try to devise some means of sanitation as to railway property. I think the local surgeon should take pride in his local station to see that it is kept in a sanitary condition.

Fourth—Relationship Between Local Surgeons and the Heads.—For many years I have felt the importance of closer personal relation between the local surgeons and the chiefs. This should be one big family with the one idea, serving the company to the very best possible ability, keeping in close touch and with nothing kept from the mem-

bers of the family which would lend knowledge and confidence.

I believe one of the best methods is to have frequent meetings with each other, personal visits from the chiefs who will gain the confidence and esteem of their men, which will stimulate the local surgeon to take more interest in his road and give his best service.

In my opinion, each railroad should have an association of their own and meet semi-annually or annually, where closer relations can be obtained. In conclusion, gentlemen, I want to express my very kindest and most sincere appreciation for my predecessor, the late Dr. Murray W. Seagears, the father of our association, who saw the necessity of such an organization and with untiring efforts put into effect the most needed service for the betterment of the railway surgeons in the state of Florida.

THE PROBLEM OF "NERVOUS INDIGESTION."

GEORGE M. NILES, Ph. G., M. D.,
Atlanta, Ga.

To the physician who has honestly endeavored to drink deep from the Pierian spring, this problem is significant—ofttimes vexing. To be just to the patient, to safely eliminate surgical contingencies, to either coax or compel an unstable or capricious digestive apparatus into furnishing the body a sufficiency of available nourishment—these are only a part of the whole problem as it is so frequently presented to the gastroenterologist.

These sufferers come to us in various forms; their alimentary tracts present disturbed secretions, sensation and motility, while the psychic relations are generally the most awry. They constitute a generous percentage of the habitual invalids who throng the health resorts and sanatoria; who patronize the freak cures and freakier "curists;" who subscribe to the new cults and fads, and who furnish the predatory fakers much of their income.

These true neurotic types are seldom found in either the extremes or near-extremes of life, but in those past the twenties and under the fifties—those at the age to care for themselves or others. In children the digestive organs are less impressionable, while in those past the prime of life there seems to be established an immunity; or, on the other hand, they have learned by experience how to sidestep such habits or articles of food as are injurious.

This "nervous indigestion" is seldom found among those who earn their bread by manual labor, or among the uneducated or unrefined. Those who labor with their brains, whose nerves are tense, votaries of the "strenuous life," the eager spirits who burn the candle at both ends—they are the principal sufferers.

Contrary to the reports of some well-posted observers, who claim to find a majority of these neuroses in women, my experience has led me to believe that fully as many men are affected. While women have more time to complain, and seem, in a manner, to possess more sensitive reflexes, men come more directly in contact with the issues of life, often floundering among the shallows and breakers, until they suddenly discover digestive disorders cropping out, to their great discomfort. Under such circumstances these wide-awake business or professional men begin to train their analytic powers on their own internal organs, and before they fully realize the danger of such a habit they find themselves taking each meal, perhaps each mouthful, in a state of gastronomic introspection.

These patients crave relief. They are not posted on vicious circles, on inhibition, nor on hormones. They find it difficult to comprehend that the epigastrium is simply acting as a reflex alarm center for disorders, either material or psychic, entirely outside that troublous zone. To minimize their sufferings, or to admonish them to "forget it," proves absolutely unsatisfactory to the patient and asinine in the physician.

Occasionally we can remove an irritating cause, but more often such causes as domestic infelicity, erotic longings, unsatisfied ambition, uncongenial environment, financial reverses, or carping care, are entirely beyond our reach.

In one of the inimitable western tales written by Alfred Henry Lewis occurs the account of the death and burial of a highly esteemed gambler, on whose tombstone was inscribed this meaty epitaph: "Life is not in holding a good hand, but in playing a poor hand well."

This fitly applies to the problem now under consideration, as well as others in life.

To enter into the niceties of differential diagnosis in this necessarily brief paper would lead too far afield, so, passing this phase of the subject, eliminating as far as possible surgical indications, and being reasonably certain that no marked anatomic lesions nor important organic changes are underlying the outward digestive discomfort, it behooves us to outline some general plan calculated to meet and control the protean symptoms presented from day to day.

The line of treatment embodied in this study may not stand the test of therapeutic orthodoxy, but it has served me well in many instances, and, as an old ante-bellum negro said to me when a lad, that the only way to learn a thing was by "hard knocks and sudden jerks," some very trying experiences have forced me to evolve certain ideas, which I deem at least worth a trial.

To begin, if practicable, the patient should receive a more thorough and painstaking examination than he has ever had. This serves the double purpose of placing the physician on a solid basis as to direct and indirect morbid conditions, while it satisfies the invalid that a real interest is being taken.

This examination will in every instance furnish a cue by which a preliminary treatment may be inaugurated. Right here let me emphasize that treatment is what the patient desires, and as an integral part of this treatment some form of medication meets

both an intrinsic and psychic need. Should there be hyperchlorhydria, and oft-present neurosis, antacids sufficient to neutralize the excess will win the opening skirmish and increase the physician's influence. A hypo-acidity will naturally call for HCl, which may generally be combined to advantage with nux vomica and pepsin, though pepsin, apart from being a good vehicle, possesses few of the virtues ascribed to it. Less than ten drops of the dilute HCl amounts to nothing, and more than thirty drops often proves irritating, so, from twelve to twenty drops, well diluted, will give the best results. Occasionally we find achylic stomachs intolerant of any form of acid, and when this is the case it is useless to push it.

For the almost constant eructations, a combination of milk of magnesia and milk of asafetida, to which is added a small quantity of compound spirits of lavender, tincture of myrrh, or compound tincture of cardamon, may be given *ad libitum*. It is well also to be on the lookout for aerophagia, for, when the eructations are frequent, explosive and odorless, they often consist of only swallowed air. When this is the case the patient should be admonished to keep the mouth closed while eating and swallowing, avoiding conversation while food is being masticated.

A point I consider almost the keynote of the treatment is to change the medicine in some way, even though it be simply a change of appearance, every few days. These neurotic alimentary tracts must be kept guessing all the time, for, if they "get on to our curves," we at once lose a great part of our influence. I have often added to an alkaline powder of calcined magnesia and bismuth a little pulverized charcoal or carmine to the increased satisfaction of the patient. The active and indicated base of the prescription may remain the same so long as the adjuvants are frequently varied.

Constipation is often present, and should be managed like constipation complicating

any other trouble, if only the watchword of frequent change is borne in mind.

The question of gastric lavage is somewhat a delicate one, for we occasionally encounter highly-strung people who derive far more harm than good from this procedure. I might say, as a general principle, that, when there is a marked excess of stomach mucus, or a delayed evacuation of the gastric contents, an alkaline or gently antiseptic lavage at not too frequent intervals is helpful; while for hypersensitiveness of the gastric mucosa a lavage containing forty grains of nitrate of silver to the pint and followed by plain water, will often yield gratifying results. Routine lavage, however, is not, in my opinion, advisable.

Faradic electricity has proved satisfactory to me, though I confess the belief that its influence is mainly psychic. I use the intragastric electrode, if the patient does not object, or, if the objections are too strenuous, I apply the large epigastric pad in front with a smaller pad directly opposite on the back, administering the current strongly enough to be perceptibly, but not uncomfortably, felt.

As to massage, vibratory and otherwise, the same may be said.

Regarding the diet, I have often found the patient suffering more from errors of omission than commission. Either reasonably or not, they have tabooed one article of food after another, until they are ingesting hardly enough to nourish an infant in arms.

There was recently referred to me a young Cuban who had by easy stages trimmed his diet down to a daily quantity of three glasses of malted milk, expecting to continue his work on this munificent allowance. On finding the gastric juices present in a workable quantity, I admonished him to begin eating, assuring him that if he would eat I would help him take care of it. Heeding my advice, he gained ten pounds in twelve days, ultimately making a perfect recovery.

So many of these nervous dyspeptics have developed a sitophobia or morbid fear of

food, that all the persuasive arts of the physician are demanded to keep them adequately nourished. Acting on the principle that "birds who can sing and won't sing must be made to sing," when I find present a decent amount of digestive juices I endeavor with all my might to force these recalcitrant stomachs and intestines to do their duty, even though they do it complainingly.

For indifferent or finical appetites, I use the stomachics condurango, calumbo or nuxvomica, with compound tincture of gentian or cinchona as a base, changing them constantly, as I have previously indicated. Occasionally, where hyperacidity exists, three-grain doses of orexin, given two hours before mealtime, will wonderfully cheer up an indifferent stomach.

Hydrotherapy is especially valuable in these conditions, aiding as it does the emunctories, cleansing the bodily Augean stables, relaxing the nervous tension, and adding its quota of psychic uplift.

The benefits of hydrotherapy have not been appreciated as they should by the rank and file of the regular medical profession, and I consider it high time that we wake up to our opportunities in this important field,

not relinquishing it to others, as we have to a regrettable extent.

Change of environment, or even of occupation, should be recommended at times; in fact, there are certain of these cases where a change, and the more radical the better, seems the only method by which the discouraged invalid may be started on the road to Wellville.

The whole plan of treatment is based on reinforcing the weakened digestive functions, wherever situated, pressing every procedure with kindly interest and sympathetic optimism, keeping the patient as busy as practicable, heading off doubts and fears, springing, if possible, some therapeutic surprise at every visit, encouraging each glimmering ray of hope, providing ample calories, so that bodily strength may promote nervous equilibrium, and, without slighting the main issues, taking cognizance of the countless little intercurrent and irritating ills always present.

This study I submit in the interest of that most unhappy and misunderstood class of sufferers, trusting that some of my suggestions may aid in restoring joy to troubled epigastriums, quietude to restless alimentary tracts, and springtime to repining hearts.

PROCEEDINGS

OF THE FORTY-NINTH ANNUAL MEETING OF THE FLORIDA MEDICAL ASSOCIATION

Held at Havana, Cuba, June 27, 28, 1922.

The forty-ninth annual meeting of the Florida Medical Association was called to order by the President, S. R. Mallory Kennedy, at 10 o'clock on the morning of June 27th in the Salones de la Asociacion de Dependientes.

The invocation was delivered by Dr. W. L. Hughlett. The President then asked Dr. Joseph N. Fogarty to introduce Dr. Agramonte, who delivered an address of welcome to the Association in behalf of the medical profession of Cuba.

Dr. Fogarty, in his usual happy style, responded to Dr. Agramonte's address.

The President then delivered his annual address.*

Dr. James M. Jackson, of Miami, moved that a committee of three be appointed to report to the Association concerning recommendations contained in the President's address. The motion was duly seconded and carried.

The President appointed Drs. James M. Jackson, of Miami; John S. Helms, of Tampa, and James H. Pittman, of Jacksonville.

*The President's Address will be found in another column of this issue of THE JOURNAL.—Ed.

Dr. James S. Helms, of Tampa, moved that Dr. James M. Jackson, of Miami, be requested to report to the Association on the activities of the Board of Medical Examiners. The motion was duly seconded and carried. Dr. James M. Jackson gave a lengthy verbal report governing the activities of the board since the passage of the Stuart bill. The report was received as information. Dr. Graham E. Henson then presented his reports as Secretary and Treasurer of the Association and as Editor of THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION.

REPORT OF THE SECRETARY OF THE FLORIDA MEDICAL ASSOCIATION.

To the President and Members of The Florida Medical Association:

GENTLEMEN:—In submitting this my ninth annual report as your Secretary, I wish to especially invite your attention to a recommendation made in my last annual report pertaining to lack of organization in certain counties of this state. There are forty-nine counties in the state as classified in our eleven Councillor Districts. Twenty-eight of these counties may be said to be organized. The remaining twenty-one have either never had an organization or their annual activities are dependent upon some single individual member of the profession taking sufficient interest in medical organization to stimulate the balance of the profession in his county. Last year your Secretary recommended that the House of Delegates take some action to effect organization in these counties. I wish to emphasize at this time that the work of organization is dependent upon the Councillors of this organization. The records of the Association will show that in those districts where we have had an enthusiastic and ardent worker serving us as Councillor, unmistakable results have been obtained. Your Secretary is going to take the liberty of pointing to the work of one of our members who served as a Councillor for many years in the home district of our present President.

Escambia County would not be as well organized as it is today, situated as it is on the extreme west of our state, making attendance at meetings a task, if it were not for the many years of painstaking and faithful work of Dr. J. Harris Pierpont, of Pensacola.

It is therefore recommended and strongly urged that the Association at this session authorize the President to appoint a committee to suggest names for nomination as Councillors for those whose terms expire this year. There are in every district a certain number of men willing and capable of service, but in the past there has not been sufficient consideration in electing men to serve on the Council.

The membership of the Association has been about stationary for the past two years; with the proper activities it should be increased 25 per cent.

The various County Secretaries do not communicate their activities to the Secretary of the State Association, so no report can be made on such activities, with the exception of that of Duval county. This organization has taken on greatly increased activities under the guidance of its present officers, the meetings are well attended and the character of papers presented would be a credit to any medical organization.

All of which is respectfully submitted.

GRAHAM E. HENSON, *Secretary.*

TREASURER'S REPORT.

To the President and Members of the Florida Medical Association:

GENTLEMEN:—I herewith submit my annual report as Treasurer:

Balance on hand last annual report.....	\$ 638.03
Back dues collected during the year.....	481.00
Dues collected current year.....	1,080.00
	<hr/>
	\$2,199.03
Expenditures as per vouchers attached....	\$1,984.44
Balance on hand	214.59
	<hr/>
	\$2,199.03

GRAHAM E. HENSON, *Treasurer.*

THE JOURNAL.

The financial statement of THE JOURNAL which is attached to and made a part of this report shows our publication to be on a

sound financial basis, earnings from advertising sources being in excess of \$1,600. While THE JOURNAL is not of the standard that it could be brought up to if those appointed on the staff from time to time took a more active interest, it is a most decided improvement on the old annual transactions the Association published for many years prior to establishing THE JOURNAL. It is not necessary to remind the older members of the organization of this former publication, which was obsolete before it reached the desks of the members and was published at an annual outlay of approximately \$1,000 which, under present prices, would be a tax on the Association of probably \$1,500.

The situation as far as our present publication is concerned is that we have a live publication, attractive in appearance, advertising pages sought by the largest medical advertisers in the country, published at an expense to the Association of less than the cost of producing the annual transactions in book form. From a scientific standpoint THE JOURNAL can be made just as strong as the members of this organization wish to make it. I challenge anyone to deny the statement that the Florida medical profession has within its ranks just as strong men and just as capable as there are anywhere in the country. These men are not confined to any one city or to any one section of the state, but are distributed throughout the confines of the commonwealth of the state. Your Editor has made many earnest efforts to interest a staff, but with the exception of the first two years of the life of THE JOURNAL has met with rather indifferent cooperation.

One more appeal is therefore made at this time for volunteers to assist in placing our publication where it ought to be and, with very little additional work, where it could be placed. Without any wish of sounding a note of ego, with eight years of experience behind me I am familiar with the work and am ready to state that if ten men will give me one hour of their time every thirty days

we will put out a JOURNAL that will be second to no state journal published in the country. GRAHAM E. HENSON, *Editor*.

FINANCIAL STATEMENT OF THE JOURNAL OF THE
FLORIDA MEDICAL ASSOCIATION.

Resources.

Balance cash on hand last annual report..	\$ 107.38
Earnings from advertising pages.....	1,617.05
Furniture	96.66
Cash from Florida Medical Association...	1,200.00
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	\$3,021.09

Disbursements.

Expenses as per vouchers attached	\$2,253.24
Commissions	180.19
Discounts	36.80
	<hr/>
	\$2,470.23

Assets.

Furniture	\$ 96.66
Cash on hand	454.20
	<hr/>
	\$ 550.86

\$3,021.09

GRAHAM E. HENSON,
Secretary-Editor.

The President appointed Drs. Ernest L. Milam and J. A. Simmons, of Arcadia, a committee to audit the accounts of the Treasurer and those of the Editor of THE JOURNAL.

Dr. John S. Helms, of Tampa, moved that the Secretary-Editor be instructed to publish in THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION the Stuart bill. The motion was duly seconded and carried.

Dr. L. B. Bouchelle, of New Smyrna, moved that the invitation of the Medical Board of the Centro Asturiano to attend clinics at the Covadonga Hospital be accepted. The motion was duly seconded and carried.

Dr. Joseph N. Fogarty and the Secretary of the Association made various announcements concerning the arrangement for the succeeding meetings and the entertainment provided. The Association then adjourned, subject to the call of the President.

The Scientific Assembly was called to order in the Salones de la Asociacion de Dependientes by Dr. John S. Helms at 2 p. m., when the following papers were read:

"The Carbohydrate Diathesis," Dr. J. C. Yarbrough, Columbia, Ala. The paper was discussed by Drs. Marvin H. Smith, Ralph N. Greene, W. L. Hughlett, James M. Jack-

son, S. R. Mallory Kennedy, W. R. Groover, L. N. Anderson, Graham E. Henson, E. R. Tuttle, W. H. Adamson, S. B. Strong and John S. Helms. The paper was severely condemned by some of the members taking part in this discussion, and a suggestion was made that the Editor be instructed to refuse publication of the paper in THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION. The matter was finally left to the discretion of the Publication Committee.

"Some Observations on Local Anesthesia," Dr. John E. Boyd, Jacksonville, Fla. The paper was discussed by Drs. R. B. McIver, L. F. Carlton, J. A. Simmons, H. N. Taylor and W. H. Hughlett.

"Bile Tract Infection," Dr. Sheldon Stringer, Tampa, Fla. The paper was discussed by Drs. John E. Boyd, J. C. Dickinson and H. A. Peyton.

"Suppurative Arthritis From Focal Infection," Dr. Edmund J. Melville, St. Petersburg, Fla. The paper was discussed by Drs. James M. Jackson and J. L. Kirby-Smith.

The hour of 5 p. m., which had been set for the meeting of the House of Delegates, having arrived, the Scientific Assembly adjourned to meet the following morning at 9 a. m.

The House of Delegates was called to order by President S. R. Mallory Kennedy and organization effected, with the following delegates being seated:

Drs. S. R. Mallory Kennedy, of Escambia; W. L. Barnes, of Gadsden; L. M. Anderson, of Columbia; John E. Boyd, R. E. McIver, Ralph N. Greene, James H. Pittman, Shaylor Richardson and Ernest L. Milam, of Duval; John S. Helms, L. F. Taylor and W. B. Adamson, of Hillsborough; R. D. Murphy and R. H. Knowlton, of Pinellas; W. J. Creel, of Brevard; E. W. Warren and W. L. Farrell, of Volusia; D. N. Smith, of Alachua; J. A. Simmons, of DeSoto; W. R. Groover, of Polk; James M. Jackson and B. F. Hodsdon, of Dade; M. P. DeBoe, of Key West, and F. B. Euritt, of Palm Beach.

Dr. James H. Pittman, of Jacksonville, was recognized by the Chair and informally discussed the matter of the Florida Railway Surgeons' Association being accorded recognition by The Florida Medical Association. The matter was discussed at length by Drs. W. L. Oppenheimer, John S. Helms, E. W. Warren, L. M. Anderson and others. Dr. Helms offered the following resolution: "Resolved, That the Florida Railway Surgeons' Association be recognized as the Section on Railway Surgery of The Florida Medical Association." The resolution, after considerable discussion, was withdrawn.

Dr. Graham E. Henson, upon recognition by the Chair, briefly stated what he believed to be the wishes of the Florida Railway Surgeons' Association. The discussion which ensued resulted in Dr. Shaylor Richardson offering the following resolution: "Be it resolved by the House of Delegates of The Florida Medical Association, That the Secretary-Editor be instructed to co-operate with the officers of the Florida Railway Surgeons' Association; to publish in THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION proper notices of their annual meetings; to publish their official programs of such meetings and to accept for publication in THE JOURNAL all papers read before the Florida Railway Surgeons' Association under the same rules governing the publishing of papers read before The Florida Medical Association." Dr. John E. Boyd moved the adoption of the resolution. The motion was duly seconded and carried.

Dr. John E. Boyd moved the adoption of the following resolution: "That the House of Delegates endorse a state-controlled charity hospital to be provided for by the legislature. Also that the Secretary be instructed to send a copy of this resolution to the governor, his cabinet and each member of the legislature." The motion was duly seconded, and after discussion by Drs. Ralph N. Greene, W. P. Adamson, John E. Boyd, W. L. Barnes, W. R. Groover and John S. Helms, the motion was voted down.

Dr. Robert L. McIver moved the adoption of the following resolution: "That the House of Delegates of The Florida Medical Association go on record as favoring the appointment of a state lunacy commission, and that a copy of this resolution be furnished the governor and each member of the state legislature by the Secretary." The motion was seconded by Dr. John E. Boyd. Discussion followed, in which Drs. Ralph N. Greene, John S. Helms, W. L. Barnes, Graham E. Henson and W. L. Groover took part. Dr. John S. Helms, of Tampa, moved as an amendment to the motion to adopt the resolution, that the President appoint a committee of three for further investigation and collection of authoritative data on the subject, with instructions that they submit a report containing their recommendations at the next annual meeting. The amendment was duly seconded and adopted. The President appointed Drs. James S. Helms, Ralph N. Greene and E. L. Barnes.

Dr. Graham E. Henson read the following communication:

Chicago, June 9, 1922.

*Dr. Graham E. Henson, Secretary,
Florida Medical Association,
Jacksonville, Fla.*

DEAR DOCTOR:—The American Press League would like to know if your State Association is willing to co-operate in a Campaign of Education in an editorial way in the columns of the press of Florida.

The American Press League is a syndicate news bureau specializing in supplying educational news matter of the highest type to thousands of newspapers. We are the only newspaper service bureau in the country properly organized and equipped to conduct such a campaign.

The proposed campaign is designed to educate public opinion by means of a syndicated public health department in the home-town newspapers. In addition to teaching fundamentals designed to assist local physicians and Boards of Health in their labors, the department will warn the public of the dangers of quackery and the evils of patent medicines.

The home-town newspaper, as you know, is the greatest educational medium in the world; through this channel the masses are reached and through the masses general public opinion is educated. Many metropolitan newspapers now recognize the importance of regular health departments and we propose to furnish readers of the home-town newspapers, daily and weekly, with a similar service.

This work, in our opinion, should be done by states, under the auspices of each State Medical Society. If your Association is interested in our suggestion and is desirous of further information re-

garding plan, we will thank you to respond as promptly as possible.

Kindly let us have your personal views and opinion as to the proposed editorial educational proposition as outlined for your state at the earliest date possible. We would like to know if such a campaign would meet with your approval, and have your sanction and co-operation.

Very truly yours,
THE AMERICAN PRESS LEAGUE.
THOS. J. SULLIVAN,
Managing Editor.

It was moved by Dr. Ralph N. Greene that the President appoint a committee of three with power to act. The motion was duly seconded and carried. The President appointed Drs. L. M. Anderson, Graham E. Henson and W. P. Adamson.

Dr. James H. Pittman, of Jacksonville, took the floor and stated that he had been instructed by the Duval County Medical Society to bring before the House of Delegates the necessity for some action to improve the general standard of THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION. The matter was discussed by Drs. Graham E. Henson, John E. Boyd, E. W. Warren, W. P. Adamson and John S. Helms.

Dr. John S. Helms moved that the President appoint a committee of three to assist the Editor of THE JOURNAL in reorganizing the editorial staff of THE JOURNAL and that this committee be given the power to act. The motion was duly seconded and carried. The President appointed Drs. Ralph N. Greene, John E. Boyd and W. P. Adamson.

Dr. Graham E. Henson moved that the President appoint a committee of three to draw up a suitable resolution of thanks for those who had contributed to the success of the meeting and to the enjoyment of the delegates, their ladies and visitors.

The motion was duly seconded and carried. The President appointed Drs. W. L. Hughlett, Ralph N. Greene and L. M. Anderson.

The House of Delegates adjourned *sine die*.

The Scientific Assembly was called to order at 9:30 a. m. by Dr. John S. Helms, the following papers being read and discussed:

"A Case Report of An Extra-Laryngeal Cyst, Presenting Some Unusual Features," Dr. H. Marshall Taylor, of Jacksonville. The paper was discussed by Drs. John E. Boyd and B. Hudson.

"Optic Neuritis Resulting From Hyperplastic Ethmoiditis and Sphenoiditis," Dr. Shaylor Richardson, of Jacksonville. The paper was discussed by Drs. N. P. DeBoe, J. C. Dickinson, H. M. Taylor and B. F. Hodsdon.

"The Function of the Tonsils and a Plea for More Conservative Treatment of Chronic Tonsilitis," M. P. DeBoe, M. D., Key West. The paper was discussed by Drs. W. L. Hughlett, J. L. Kirby-Smith, James M. Jackson, W. F. Coleman and H. Marshall Taylor.

"Treatment of Arterial Hypertension," Dr. Ralph N. Greene, Jacksonville, Fla. The paper was discussed by Drs. G. H. Benton, L. S. Oppenheimer, Graham E. Henson, James M. Jackson, David Rose, L. M. Anderson, J. C. Yarbrough, E. W. Warren and Marvin H. Smith.

Dr. Ralph N. Greene moved the adoption of the following resolution: "Resolved, That the House of Delegates endorse the appointment of a committee of three to consider the advisability of a workmen's compensation act and present their report at the next meeting for final action and recommendation to the legislature. The report to include rehabilitation features." The motion was duly seconded and carried. The President appointed James H. Pittman.

The hour of 12 o'clock having arrived, the Chair stated that the Scientific Assembly would adjourn until 2 o'clock in the afternoon. The President took the chair and called the General Association to order, stating that the first order of business was the nomination for President for the ensuing year. Dr. L. S. Oppenheimer, of Tampa, nominated Dr. L. M. Anderson, of Lake City. The nomination was seconded by Dr. James H. Pittman, of Jacksonville. Dr. Ralph N. Greene moved that nominations be

closed, that the rules be suspended and that the Secretary be instructed to cast the ballot of the Association for Dr. Anderson as President. The motion was duly seconded and carried. The Secretary cast the ballot and Dr. L. M. Anderson was declared unanimously elected as President of the Association. The President appointed Drs. John E. Boyd and Ralph N. Greene to escort the newly-elected President to the chair. Dr. Anderson, in a few well-chosen words, thanked the Association for the honor conferred upon him and stated that he wanted the support of 100 per cent of the membership of the Association to make the coming year the most successful in the history of the organization.

The Chair recognized Dr. Ralph N. Greene, who paid a tribute to the retiring President and presented him with a Past President's button.

The President called for nominations for the office of First Vice-President. Dr. Graham E. Henson placed in nomination the name of Dr. H. Marshall Taylor, of Jacksonville, for First Vice-President. It was moved and seconded that the nominations be closed, that the rules be suspended, and that the Secretary be instructed to cast the ballot of the Association. The Secretary cast the ballot and Dr. H. Marshall Taylor was declared unanimously elected as First Vice-President.

Dr. John E. Boyd placed in nomination for Second Vice-President the name of Dr. J. L. Kirby-Smith, of Jacksonville. It was moved and seconded that nominations be closed, that the rules be suspended, and that the Secretary be instructed to cast the ballot of the Association. The Secretary cast the ballot and Dr. J. L. Kirby-Smith was declared unanimously elected as Second Vice-President.

Dr. J. S. Helms placed in nomination for Third Vice-President the name of Dr. L. F. Carlton, of Tampa. It was moved and seconded that the nominations be closed, that the rules be suspended, and that the Secre-

tary be instructed to cast the ballot of the Association. The Secretary cast the ballot and Dr. L. F. Carlton was declared unanimously elected as Third Vice-President.

The election of Councillors for the vacancies caused by expiring terms resulted as follows:

First District, W. C. Payne; Fourth District, Robert B. McIver; Sixth District, W. P. Adamson; Seventh District, W. L. Hughlett.

Jacksonville, Fla., was selected for the next annual meeting.

The Committee on Resolutions presented the following report:

To the President and Members of The Florida Medical Association:

The undersigned committee, appointed to draft some resolutions of thanks for courtesies extended to our membership at this their annual meeting held in the city of Havana, Cuba, report as follows:

In the first place we wish to thank the officials of the Flagler System and the P. & O. Steamship Company for special rates, and to Dr. J. N. Fogarty, Chief Surgeon of the Flagler System, for his personal interest and untiring zeal in making this meeting a success. Especially do we wish to thank the medical profession of Cuba through whose distinguished member, Dr. Agramonte, we received a most cordial address of welcome to your capital city.

To the Association des Dependientes who so kindly furnished the use of their spacious and beautiful hall for our meetings.

To the Department of Sanitation for their hospitable reception.

To those concerned in getting up the banquet; to the managers of the Hotel Sevilla, and all others who have contributed to our pleasure and entertainment.

Our visit to your beautiful country and to the great city of Havana will always be kindly remembered, and we trust this meeting may prove a binding tie between the medical men of Florida and Cuba that will grow stronger with coming years, and that at no distant day we may have opportunity to entertain you in the "Land of Flowers."

Respectfully submitted,

W. L. HUGHLETT,
L. M. ANDERSON,
RALPH GREENE.

The Committee on the President's Address submitted the following report:

RESOLVED, That the Florida Medical Association notes with regret the activities of the last state legislature in efforts at economy in cutting the revenue of our State Board of Health, thus crippling and in a measure curtailing much needed preventive medicine work in our state as shown by report of our efficient State Health Officer;

That the Governor and legislature of the state be memorialized at its next session to restore the nominal tax of one-half mill that the normal and much

needed amount of preventive work may be continued and extended and the emergency surplus for sudden threatened epidemics may be re-established.

RESOLVED, That the Florida Medical Association, in convention assembled, endorse the President's address, particularly that portion of the address referring to National and to State Boards of Health or other organizations insofar as it relates to preventive medicine. Preventive medicine being largely a national as well as state problem, it is more than just and right that portions of the burden should be met by national aid, and commend the United States Public Health Service for its activities in this line.

Your Committee on President's Address have carefully examined same and beg to submit herewith two resolutions which we believe are highly important and to the best interest of the state of Florida and its citizenship.

JAMES M. JACKSON,
JNO. S. HELMS,
JAMES M. PITTMAN.

Dr. John E. Boyd moved the adoption of the committee's report. The motion was duly seconded and unanimously carried.

Dr. John E. Boyd, of Jacksonville, Fla., asked the Association for an expression of an opinion from the Association as to the advisability of holding a surgical and medical clinic at the annual meeting in Jacksonville next year. The matter was discussed at considerable length and a motion by Dr. James M. Jackson, seconded by Dr. W. L. Hughlett, that the Duval County Medical Society's offer to conduct such a clinic be accepted with the thanks of the Association. It was decided that these clinics would be held at such a time as not to interfere with the scientific program of the Florida Railway Surgeons' Association or of The Florida Medical Association.

The Association, upon a motion duly seconded, adjourned *sine die*.

The Scientific Assembly was called to order at 2:30 p. m. by Dr. J. L. Kirby-Smith in the absence of all members of the Committee on Scientific Work, the following papers being read and discussed:

"Bladder Symptoms of Women," L. J. Efrid, M. D., Tampa, Fla. The paper was discussed by Drs. F. P. Ennis, J. L. Kirby-Smith and G. F. Oetgen.

"Haematuria," B. F. Ennis, M. D., Jacksonville, Fla. The paper was discussed by

Drs. B. L. Goodell, L. J. Efrid, W. S. Coleman and G. F. Oetgen.

"Personal Experiences With Typhoid Fever," David Rose, M. D., Sebastian, Fla. The paper was discussed by Drs. E. B. Milam, F. B. Euritt, W. L. Hughlett and B. F. Ennis.

"A Consideration of the Occurrence and Treatment of Creeping Eruption," Dr. J. L. Kirby-Smith, Jacksonville, Fla. The paper was discussed by Drs. W. L. Hughlett, J. A. Simmons and W. J. Creel.

"Management of Children With Heart Disease," W. S. Coleman, M. D., Miami, Fla.

"The Aims of the Gastro-Enterologist," E. B. Milam, M. D., Jacksonville, Fla. The paper was discussed by Dr. R. B. McIver.

"Granuloma Inguinale—Report of Several Cases With Special Reference to Treatment of Same With Antimony and Potassium Tartrate Intravenously," G. F. Oetgen, M. D., Jacksonville, Fla. The paper was discussed by Dr. J. L. Kirby-Smith.

The Scientific Assembly adjourned *sine die*.

PROCEEDINGS OF THE FLORIDA RAILWAY SURGEONS' ASSOCIATION.

On Board Steamer Cuba, En Route Havana.
June 26, 1922.

The third annual meeting of The Florida Railway Surgeons' Association was called to order by the President, Dr. J. H. Pittman, at 11 o'clock a. m.

First order of business was the reading of the President's address.

Minutes of the previous meeting were adopted.

The names of the following were proposed and they were elected to membership: Drs. Fred J. Bowen, F. E. C. Ry., Jacksonville; L. A. Carter, F. E. C. Ry., Bunnell; A. R. Beyer, S. A. L. Ry., Tampa; C. M. Tyre, A. C. L. Ry., High Springs; T. M. Rivers, A. C. L. Ry., Kissimmee; B. F. Barnes, S. A. L. Ry., A. C. L. Ry. and L. & N. Ry., River

Junction; J. M. Irwin, F. E. C. Ry., St. Augustine; J. Wm. Martin, F. E. C. Ry., Osceola; Eugene C. Lowe, F. E. C. Ry., Key West; J. Maxey Dell, A. C. L. Ry. and Chief Surgeon T. & J. Ry., Gainesville; Leland F. Carlton, Tampa and St. Petersburg Ry., Tampa; J. C. Dickinson, A. C. L. Ry., Tampa.

Officers elected for ensuing year: Dr. L. S. Oppenheimer, Tampa, President; Dr. H. M. Taylor, Jacksonville, Vice-President. Dr. J. H. Pittman, delegate to American Railway Surgeons' Association.

Moved and carried that members of The Florida Medical Association present be given the privilege of the floor.

Moved, seconded and carried that the Secretary be paid a salary of \$3 per month.

Moved, seconded and carried that Secretary be requested to write Paul J. Saunders, General Manager P. & O. Steamship Co., thanking them for courtesies and rates extended.

Adjourned for work of Scientific Committee.

Scientific Committee for ensuing year consists of Drs. H. C. Dozier, of Ocala, chairman; J. H. Pierpont, Pensacola, and J. E. Boyd, Jacksonville.

E. W. WARREN, M. D.,
Secretary.

EVANS' CANCER CURE.—Dr. R. D. Evans, of Brandon, Manitoba, sells a "positive cure for cancer." The price is "one hundred dollars in advance!" The victim who parts with \$100 for this cruel and worthless fake is told to shave a patch about the size of a silver dollar on the crown of the head. The "cure" is applied to this spot. This is for the treatment of internal cancer. "For 'external cancer,' the discovery is applied on the spot." From an analysis made in the A. M. A. Chemical Laboratory, it was evident that Evans' Cancer Cure is essentially a mixture of 1 part of a fatty substance (such as lard) and 5 parts of dried ferrous sulphate. (*Jour. A. M. A.*, June 3, 1922, p. 1739.)

The Journal of The Florida Medical Association

Owned and published by the Florida Medical Association.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at St. Augustine and Jacksonville. Price \$1.50 per year; 15 cents per single number.

Contributions for publication in this journal, whether scientific papers or reports of County Secretaries, should be typewritten.

Address Journal of the Florida Medical Association, St. Augustine, Florida, or 602-603 Consolidated Building, Jacksonville, Fla.

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NINTH DISTRICT—C. H. Ryalls, M. D., Delwood 1924
TENTH DISTRICT—R. L. Cline, M. D., Arcadia 1923
ELEVENTH DISTRICT—W. R. Warren, M. D., Key West 1924

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THE HAVANA MEETING.

The forty-ninth annual meeting of The Florida Medical Association was called to order by the President, S. R. Mallory Kennedy, on the morning of June 27th, in the Salones de la Asociacion, Havana, with something over fifty members and delegates in attendance and with a large number of ladies and a goodly sprinkling of citizens of the Cuban capital present. The official proceedings are published in another column of THE JOURNAL.

The meeting was a most successful one from every standpoint. Some doubt was expressed prior to the meeting concerning the interest that could be secured at the meeting in the scientific program. That such misgivings were groundless is evidenced by the full and lively discussion of all scientific papers that prevailed until the Scientific Assembly adjourned *sine die* late in the afternoon of the second day. A feature of the meeting was the large number of members' wives and families present in Havana. They were kept busy sightseeing the entire three days spent in Havana.

One of the features of entertainment was the banquet arranged by Dr. J. D. Fogarty at the La Isla, which was largely attended by the members and their wives. Another pleasing entertainment feature was the automobile ride to Matanzas, twelve seven-passenger cars making the trip.

Jacksonville was selected as the place of meeting for 1923.

THE ASSOCIATE STAFF.

One or more attempts are being made to interest our members in assisting in the matter of putting THE JOURNAL across. Frequent editorial comment has been made on the fact that the publication of a medical organ representing a State Association was more than a one-man job.

In the past there has been no trouble at all in getting members to accept appointments on the staff, but in too many instances interest ceased at that. The matter was fairly

and squarely discussed at the Havana meeting, resulting in a committee consisting of Drs. Ralph N. Greene, John E. Boyd and W. P. Adamson being appointed to assist and co-operate with the editor in securing an active working associate staff. It is expected that in its next issue THE JOURNAL will be able to announce the result of the work of this committee.

REGISTRATION OF MEMBERS AT HAVANA MEETING.

S. R. Mallory Kennedy.....	Pensacola
L. M. Anderson.....	Lake City
J. N. Fogarty.....	St. Augustine
Graham E. Henson.....	Jacksonville
Wm. J. Creel.....	Eau Gallie
M. P. DeBoe.....	Key West
Shaler Richardson.....	Jacksonville
John E. Boyd.....	Jacksonville
H. M. Taylor.....	Jacksonville
James M. Jackson.....	Miami
Robt. B. McIver.....	Jacksonville
David Rose.....	Sebastian
W. L. Hughlett.....	Cocoa
John S. Helms.....	Tampa
F. B. Enneis.....	Jacksonville
G. F. Oetjen.....	Jacksonville
H. D. Clark.....	Ft. Pierce
Geo. M. Floyd.....	Hawthorn
J. Wm. Martin.....	Osceola
Harry A. Peyton.....	Jacksonville
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W. W. Shafer.....	Haines City
F. B. Eurit.....	Stuart
G. H. Benton.....	Miami
Sheldon Stringer.....	Tampa
Ernest B. Milam.....	Jacksonville
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Marvin Smith.....	Jacksonville
C. R. Darrow.....	Okeechobee
Anna A. Darrow.....	Okeechobee
B. L. Padgett.....	Hastings
J. L. Kirby-Smith.....	Jacksonville
W. W. Farnell.....	New Smyrna
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W. S. Coleman.....	Miami
Ralph Greene.....	Jacksonville
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W. A. Stanley.....	Lakeland
Ralph D. Murphy.....	St. Petersburg
B. H. Goodale.....	Jacksonville
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J. H. Pittman.....	Jacksonville
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W. P. Adamson.....	Tampa
J. C. Dickinson.....	Tampa

L. S. Oppenheimer.....	Tampa
G. W. Holmes.....	Sharpes

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Miss Faith N. Potter.....	St. Augustine
Miss Elsie Corbett.....	St. Augustine
Miss Blanche Curry.....	Key West
Miss Euphemia Bott.....	Key West
Miss Roberta Curry.....	Key West
Mrs. G. E. Henson.....	Jacksonville
Miss Janet Henson.....	Jacksonville
Mrs. Ralph Green.....	Jacksonville
Miss Marion Louise Henson.....	Jacksonville
Mrs. John E. Boyd.....	Jacksonville
Mrs. James M. Jackson.....	Miami
Mrs. Wm. G. Coleman.....	Miami
Mrs. J. C. Dickinson.....	Tampa
Miss Elizabeth Searcy.....	Tuscaloosa, Ala.
Mrs. J. C. Dickinson, Jr.....	Tampa
Mrs. L. F. Carlton.....	Tampa
Mrs. J. W. Taylor.....	Tampa
Miss Margaret Henson.....	Jacksonville
Miss Frances Sawyer.....	Jacksonville
Miss Gertrude Henson.....	Jacksonville
Mrs. James H. Pittman.....	Jacksonville
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NEW AND NONOFFICIAL REMEDIES.

POLLEN DIAGNOSTICS-LEDERLE.—Liquids obtained by extracting the dried pollen of plants with a liquid consisting of 67 per cent glycerin and 33 per cent saturated solution of sodium chlorid. Pollen diagnostics-Lederle are marketed in capillary tubes containing 0.01 c.c. of a liquid, representing 100 pollen units. Pollen diagnostics-Lederle are employed in the diagnosis of hay-fever (Pollenosis). (See New and Nonofficial Remedies, 1922, p. 232.) The following preparations have been accepted:

Arizona Ash Diagnostic-Lederle: Prepared from the pollen of Arizona ash (*Fraxinus toumeyi*).

Arizona Walnut Diagnostic-Lederle: Prepared from the pollen of Arizona walnut (*Juglans major*).

Black Walnut Diagnostic-Lederle: Prepared from the pollen of black walnut (*Juglans nigra*).

Careless Weed Diagnostic-Lederle: Prepared from the pollen of careless weed (*Amaranthus palmeri*).

Cottonwood Diagnostic-Lederle: Pre-

(Continued on page ix.)

THE BAYSIDE HOSPITAL, INC.

BAYSHORE BOULEVEARD

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Dear Doctor:-

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LELAND F. CARLTON, M. D.,
Citizens Bank Building,
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ORIGINAL ARTICLES

OPTIC NEURITIS RESULTING FROM
HYPERPLASTIC ETHMOIDITIS
AND SPHENOIDITIS*.

SHALER A. RICHARDSON, M. D.,
Jacksonville, Fla.

Numerous observers in the past few years have called our attention to the direct relationship of accessory sinus pathology to that of the eye, with special stress on the frequency of optic neuritis due solely to diseased sinuses. In the beginning the cases reported were usually due to an actual empyema of the sinus. Of very recent years Sluder¹ in his comprehensive study of the subject has laid much stress on another type of ethmoidal and sphenoidal pathology frequently guilty of optic nerve damage, namely: Hyperplastic sinusitis. Other observers active in endowing medical literature with clinical, pathological and anatomical information pertaining to sinusitis and optic nerve pathology are: Skillern², Loeb³, and Schaeffer⁴. Recently Schaeffer has in a most clear and definite way presented the anatomical relationship of the sinuses and optic pathway. It is with optic neuritis due to hyperplastic sinusitis of the ethmoid and sphenoid that I wish to deal.

Of primary importance in handling this subject are the anatomical features. When one examines a series of skulls, one cannot but be impressed with the close proximity of the optic pathway and ethmosphenoidal sinuses, and while the anatomy of these cells is most inconstant as to size and conformation, still the intimate contact of the pathway at some point is most constant. In speaking of the optic pathway, we refer to the optic nerve, chiasm and tract. In this paper we are directly concerned with the optic nerve

and chiasm. The average length of the optic nerve as set down by most observers is about 40 to 42 mm. The following subdivisions may be made:

- 1. Intraocular, 1.25 mm.
- 2. Intraorbital, 25 mm.
- 3. Canalicular, 5 mm.
- 4. Intracranial, 10 mm.

It would seem that the intraorbital and the canalicular portions would be the most susceptible to the pathology originating from the ethmo-sphenoidal sinus. Schaeffer, in a paper read before the Section on Ophthalmology of the American Medical Association in 1921, divides the nerve into sinus and non-sinus portions, using the term non-sinus to mean that portion which lies more than 2 mm. from the sinus wall, and states that some part of the sinus portion is usually in actual contact with the osseous wall or mucous membrane of the posterior ethmoid or sphenoid cells, or both. The following table has been prepared by him and serves to show the average extent of the nerve that is in intimate relationship with one of the above named sinuses:

LENGTH OF SINUS AND NON-SINUS PORTION OF THE OPTIC NERVE.

LENGTH OF NERVES IN MILLIMETERS.

Cadaver	Total Length		Non-Sinus Portion		Sinus Portion	
	Right	Left	Right	Left	Right	Left
A.....	45	45	24	21	21	24
B.....	37	35	14	13	23	22
C.....	44	44	21	22	23	22
D.....	40	40	19	23	21	17
E.....	55	48	28	27	27	21
F.....	43	41	15	15	28	26
G.....	48	46	24	20	24	26
H.....	39	42	15	14	24	28
I.....	38	40	16	20	22	20
J.....	40	40	30	10	20	20
K.....	37	36	14	14	23	22
L.....	54	48	28	27	26	21

In examining any number of skulls, one will find that the sinus walls are as a rule very thin, and that at times actual dehiscences exist which allows us to draw the conclu-

*Read before the Forty-ninth Annual Meeting of The Florida Medical Association, held at Havana, Cuba, June 27-28, 1922.

sion that in the living subject the dura of the nerve and the membranous lining of the sinus cells must necessarily have been in intimate contact and hence exposed to any pathological process that may have originated in the sinus cavity.

The actual conformation of the individual sinuses is one of great variance. At times the posterior ethmoid cells may be in intimate relationship with the optic nerve, while in other instances the sphenoid cells may, and still in other instances it may be both. It suffices here to say that there is no fixed rule as to parasinus anatomy, but that in practically every subject the optic nerve is somewhat in intimate contact with the ethmo-sphenoidal cells. In order to demonstrate the intimate relationship that exists between the sinuses and the nerve, it is but necessary to examine the interiors of a few dry specimens and note that in a great percentage the optic nerve has left its impression upon the bony wall, which may be noted by a bulging, bony ridge corresponding to the course of the nerve. Later on in this paper we define hyperplastic sinusitis as an asymmetrical increase in its wall, hence it is easy to picture the effect that would be produced at the point where the nerve and sinus were in intimate contact.

PATHOLOGY.

According to Uffenorde's⁵ classification of ethmoid sinusitis, and the same classification may be applied to sphenoiditis, it is divided as follows:

1. Acute inflammation.
2. Chronic inflammation. (a) Ethmoiditis hyperplastic; (b) ethmoiditis suppurative.

Jonathan Wright⁶, in Sluder's treatise on "Headache and Eye Disorders of Nasal Origin," describes a hyperplastic sinusitis as being a rarefying osteitis, and states that the agents which ordinarily control the shaping of symmetry are absent or work badly, and hence we get hyperplastic irregular masses and cavities. As to the exciting cause of the hyperplasia we are still in the dark,

many theories having been put forward, but none substantiated. As a result of this hyperplasia, we may have a direct pressure on the optic nerve or a direct extension of the infectious process. There is a direct relationship between the lymphatic and blood systems of this area, the details of which have not been worked out satisfactorily, and it is my belief that with the clearing up of this anatomical relationship we will have an understanding of just how many cases of neuritis arise and why it is that in certain cases of neuritis we get a secondary atrophy, whereas in others the atrophy is almost nil.

As to pathology of optic neuritis, we may classify it as follows:

1. Retrobulbar neuritis.
2. Perineuritis.
3. Neuritis.

Retrobulbar neuritis is produced either by toxic absorption through blood stream or by direct absorption, and is usually always the result of acute or chronic suppurative sinusitis when due to sinusitis.

Perineuritis, or inflammation of the dural sheath, resulting in exudation into the intravaginal space, is usually due to the hyperplastic type. The inflammation once involving the sheath is very prone to extend through the nerve proper.

Neuritis is an involvement of more or less of the entire nerve substances.

CASE 1—G. J., age 56. Occupation, seaman. Was first seen in October of the past year.

History—Patient stated that two weeks ago noticed that vision was somewhat blurred, but paid no particular attention to it. On consulting me, I found the vision O. D. 20/100, O. S. 20/70. There was no improvement with lenses and the retinoscope revealed only a half diopter of hyperopia in each eye. The lids and conjunctiva were negative. The pupillary reactions were normal. The media were clear. The fundus of the right eye showed a beginning optic neuritis with a slight elevation of the nerve

head, a congestion of the retinal vessels and some obscuring of the disc margins, slight edema of the retina and a small flame-like hemorrhage to the nasal of the nerve head. The picture of the left fundus was identical

double ethmoid and sphenoid exenteration was done at two sittings and the ethmoid cells were found to be filled with polypoid masses. Two days following the exenteration the neuritis was definitely increased in

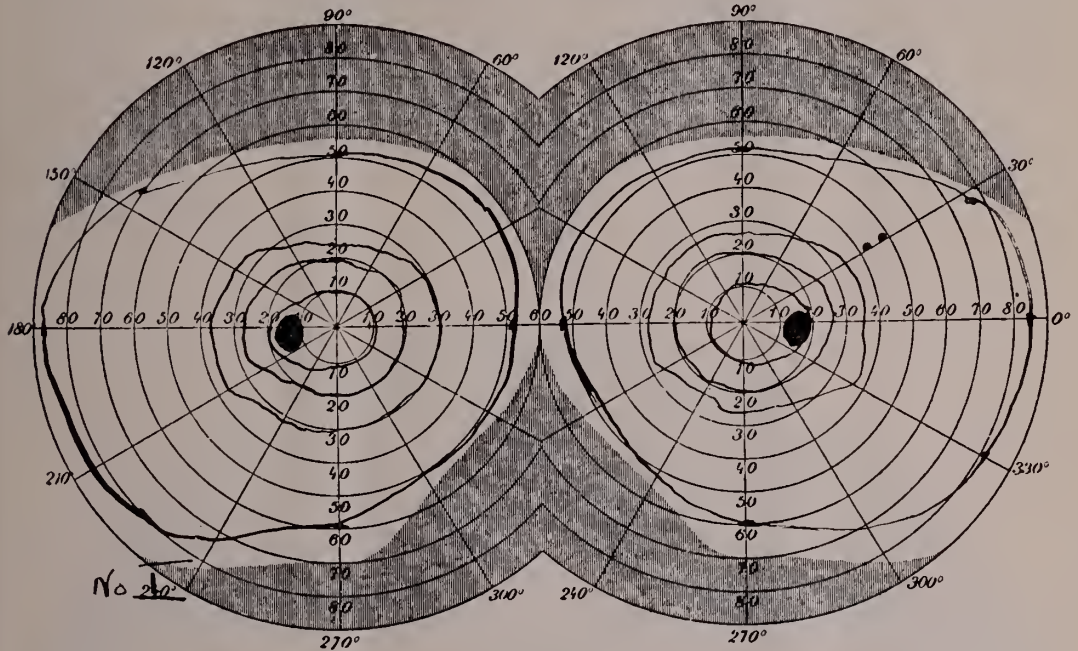


Figure No. 1—Case No. 1. Fields and blind spots taken with 5 mm. test object and good illumination on October 1, 1921.

with the absence of the flame-like hemorrhage. The fields of each eye for form were normal, but for color there was a slight concentric contraction and the patient seemed to have difficulty in distinguishing between blue and green. There were no scotomata. The blind spots of each eye were definitely increased. The blood Wassermann and urinalysis were negative. The general health of the patient good and there was no history of previous illness of any consequence. The nasal examination revealed large cystic middle turbinates on both sides, being so large they were pushed up against the septum and completely blocked the upper nose. The nose was fairly free of secretion, and after shrinking the nasal mucosa a few polypoid masses could be detected under each middle turbinate. The skiagraphs showed a cloudiness of the ethmoidal regions and a diagnosis of ethmoiditis was made. A

both nerve heads. However, one week following the operation the neuritis was subsiding, the vision O. D. 20/70, O. S. 20/50. At the end of four weeks the neuritis had completely subsided and the vision O. D. was 20/50, while that of O. S. was 20/40. The fields were unchanged and the patient still had difficulty in distinguishing between blue and green. The blind spots were a trifle smaller. Both nerve heads were slightly paler than normal and there was a small amount of perivascularitis showing that atrophy had begun. An examination six months later revealed no further changes.

CASE 2—(From the clinic of Dr. Robert G. Reese, New York Eye and Ear Infirmary.) E. H., age 22. Occupation, clerical. Was first seen May 28, 1921.

History—Two weeks ago noticed that movement of eyes was painful and that when pressure was made upon globes it produced

some pain. One week ago vision of right eye became blurred and a physician was consulted, who, according to the patient's statement, found the vision of the right eye 20/200 and that of the left eye 20/20; the patient was told that he had a retrobulbar neuritis. The following day the vision of the right eye was 20/200 and that of the left 20/30. One week after first consulting the physician the patient came to the hospital and the following findings were made: Vision R. E. light projection. Vision L. E. hand movements at one foot. External examination negative. Both pupils were di-

lated widely and that of the R. E. reacted sluggishly to direct and more quickly to indirect or consensual stimulus. The pupil of the left eye reacted to direct light stimulus, but not at all to the consensual reaction. As well as could be determined with marked reduction of vision, the fields of both eyes were normal for form.

The fundus of the right eye revealed the following:

15 mm.—Marked swelling of the nasal side of disc and edema of retina immediately adjoining this area. Vessels surrounding disc tortuous.

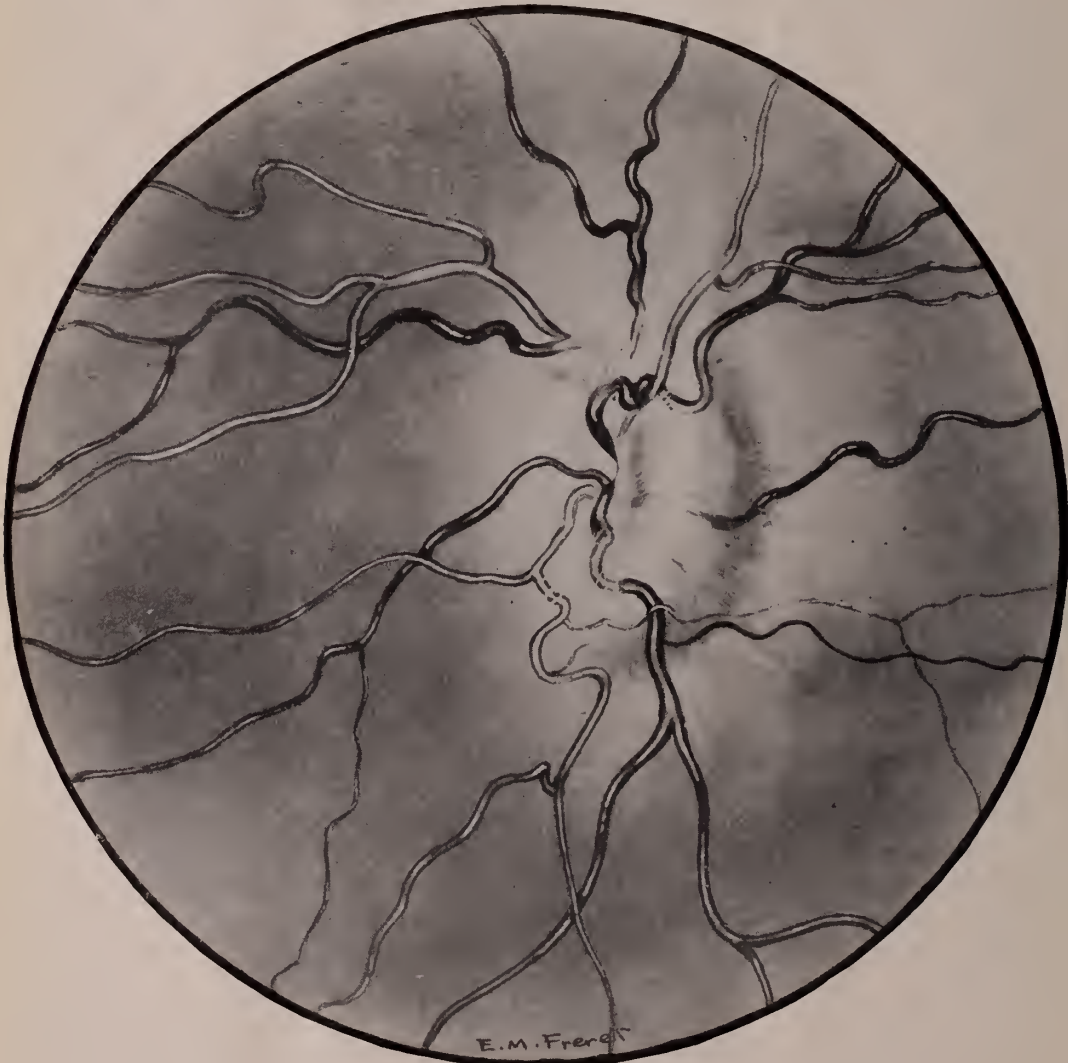


Fig. No. 2—Case No. 2. Right Fundus June 1, 1921.

The fundus of the left eye revealed the following:

· 2 mm.—Marked swelling of the nasal side of disc and edema of retina immediately adjoining this area.

A diagnosis of perineuritis optica was made.

EAR, NOSE AND THROAT EXAMINATION.

There is nothing abnormal about the ears. The nasal examination reveals a slight deviation of the septum to the right. There is no discharge or polypoid formation. The middle turbinates and the mucous membrane under them appear to have undergone a hy-

perplastic change. There is no tenderness or edema externally over the sinuses. Transillumination is negative. The tonsils were enlarged and diseased.

X-RAY FINDINGS.

Has moderately well developed frontal sinuses. The left is fairly clear, whereas the right is a trifle cloudy. The ethmoids are cloudy on both sides, the left more so than the right. The region of the left antrum is fairly clear, while that of the right is cloudy. The lateral plates show cloudy antral and sphenoidal regions and there is rather a deep excavation of the sella turcica, it being con-

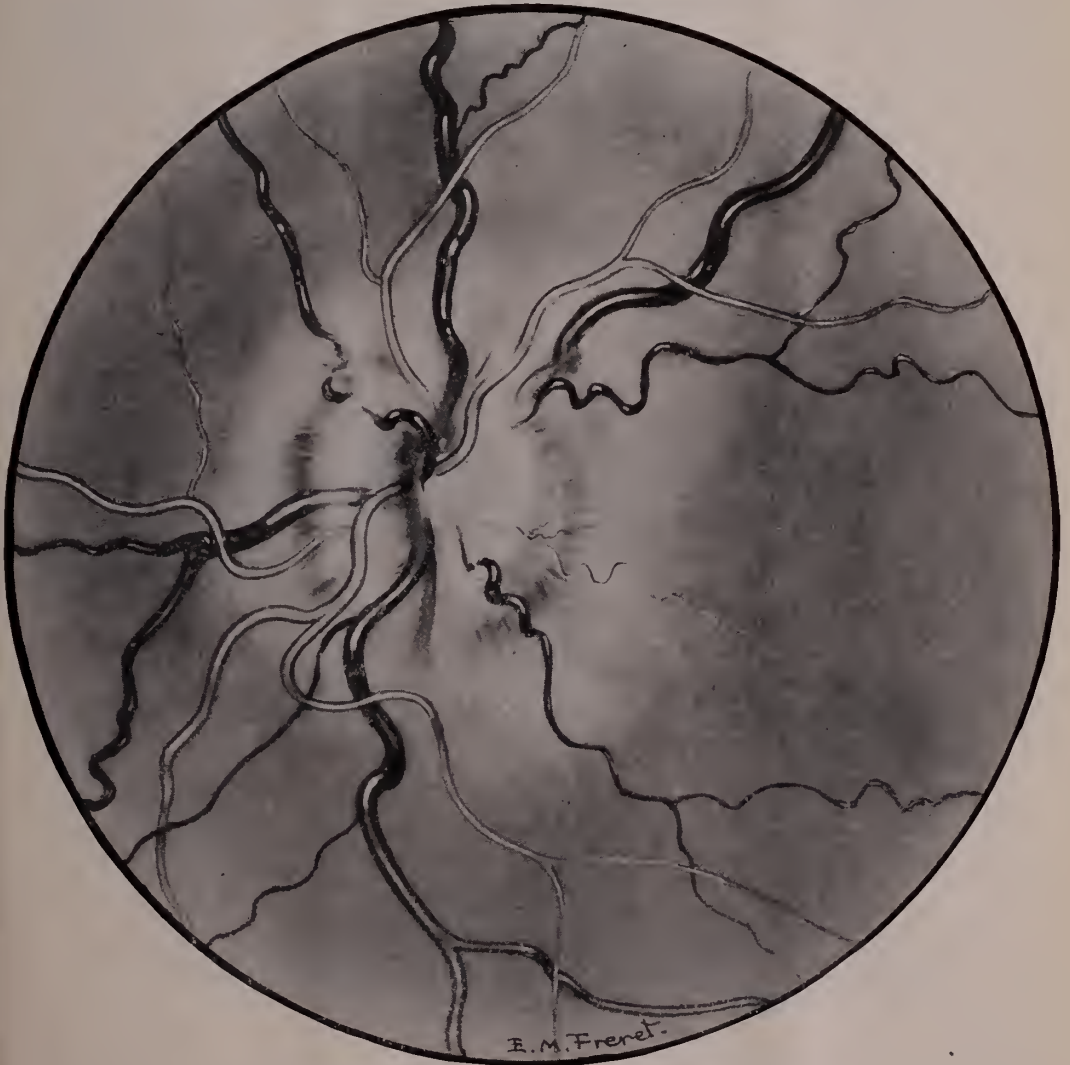


Fig No. 3—Case No. 2. Left Fundus, June 1, 1921.

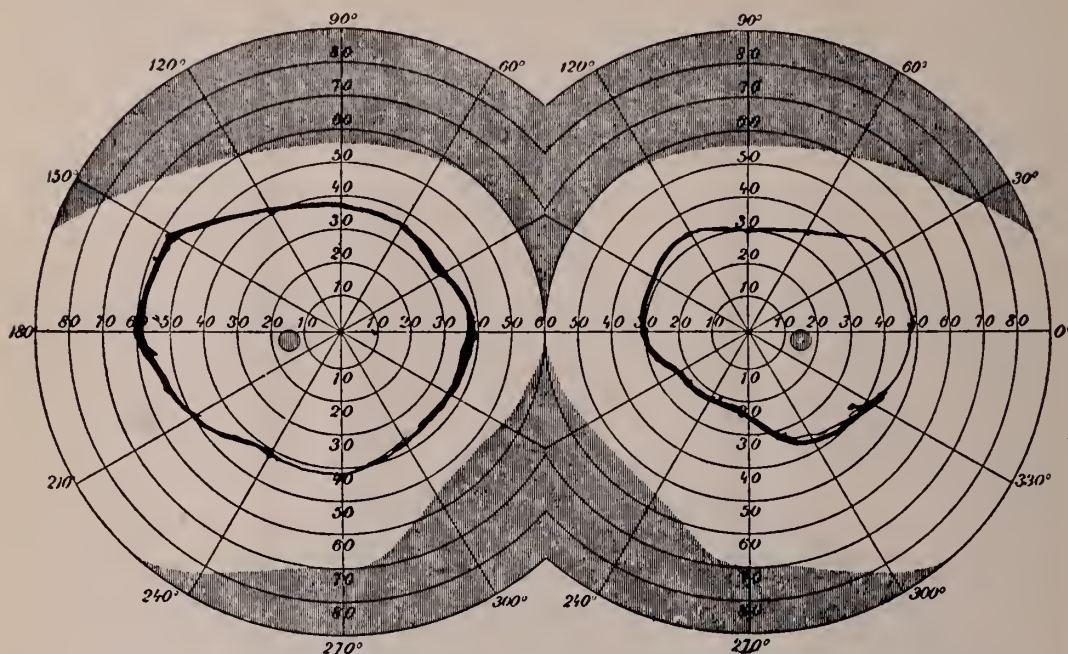


Figure No. 4—Fields, blind spots, June 18, 1921, taken with 1 cm. test object and good illumination. Could not distinguish colors.

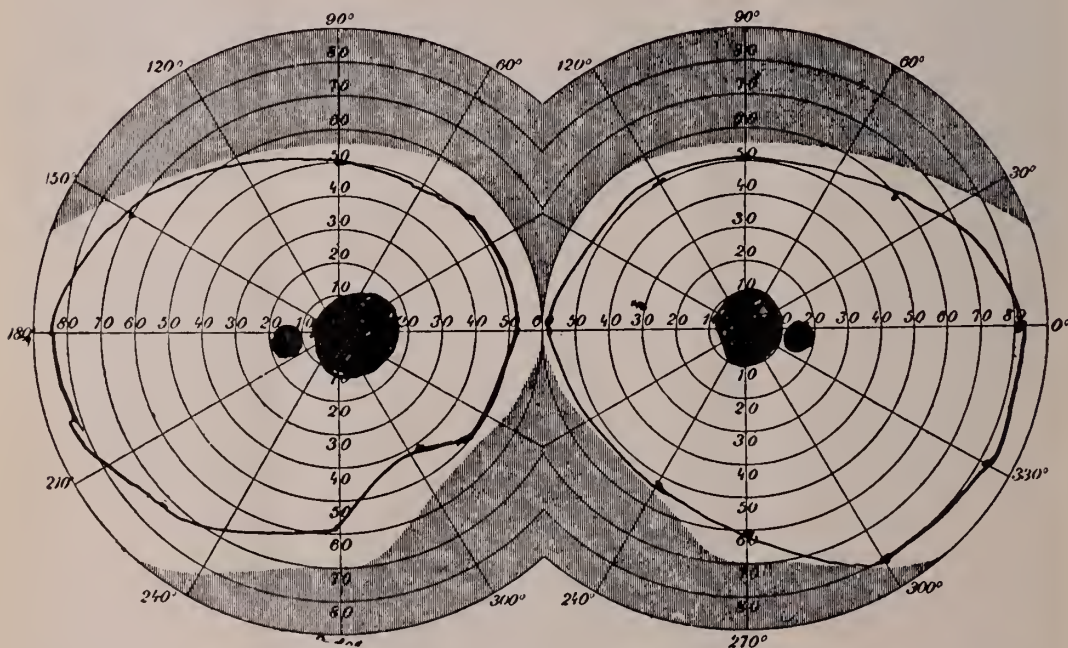


Figure No. 5—Case No. 2. Fields and blind spots, June 25, 1921, taken with 1 cm. test object and good illumination. Could not distinguish colors.

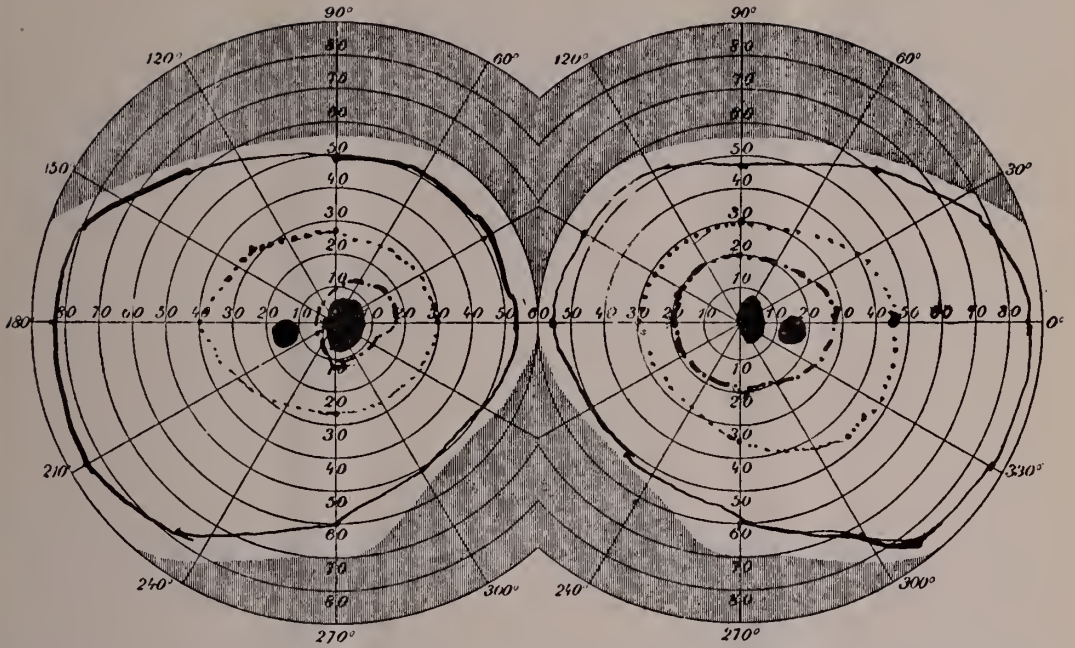


Figure No. 6—Case No. 2. Fields and blind spots, August 1, 1921, 1 cm. test object. Does not distinguish red. Form ———, green — — — — —, blue

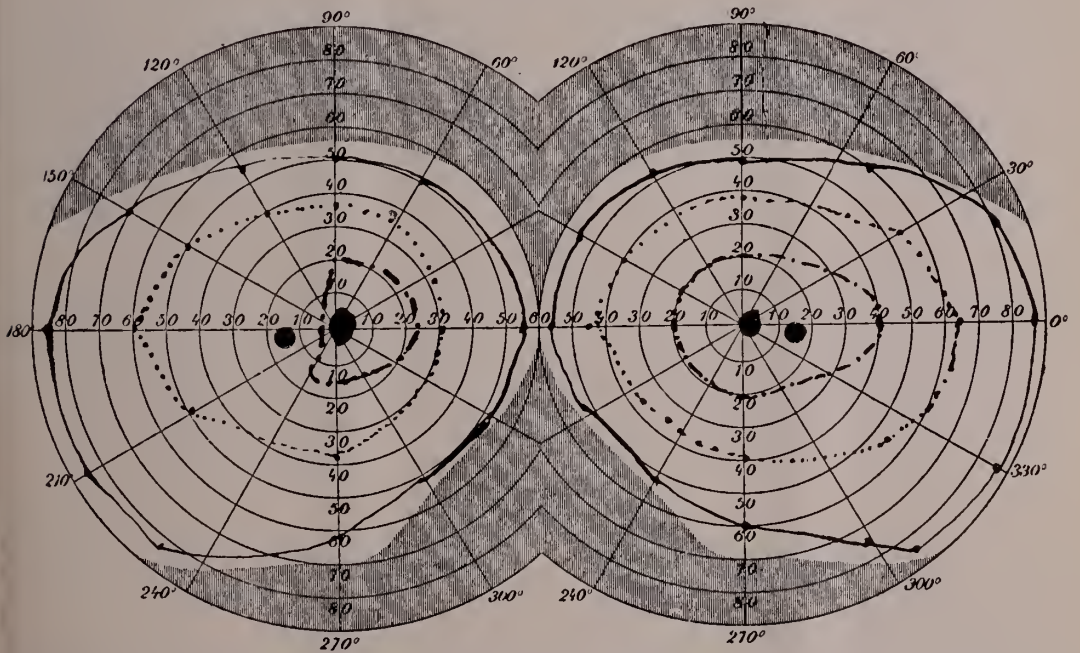


Figure No. 7—Case No. 2. Fields and blind spots, September 1, 1921, 5 mm. test object. Does not distinguish red. Form ———, green — — — — —, blue

sidered abnormal, but not necessarily pathological.

LABORATORY FINDINGS.

Blood Wassermann negative. Urinalysis negative. General physical examination negative.

A diagnosis of double hyperplastic ethmoiditis was made and exenteration advised.

May 30, 1921—Both ethmoids and sphenoids were exenterated and masses of hyperplastic tissue removed. There was no pus evacuated.

June 2, 1921—Tonsillectomy. Large hypertrophic tonsils containing much caseous material.

June 1, 1921—Vision: Right eye, hand movements; left eye, no change.

June 3, 1921—Vision: Right eye, fingers at one foot; left eye, hand movements. There is no change in the fundi.

June 7, 1921—Vision: Right eye, fingers at two feet; left eye, fingers at six inches. The neuritis seems to be subsiding.

June 16, 1921—Vision: Right eye, 2/200; left eye, 1/200. The neuritis has subsided, the nerve head seems a trifle pale. Margins of the disc are seen distinctly. There is some perivasculitis.

July 1, 1921—Vision: Right eye, 6/200; left eye, 3/200.

July 13, 1921—Vision: Right eye, 9/200; left eye, 5/200.

August 15, 1921—Vision: Right eye, 20/200; left eye, 8/200. The nerve heads are pale and the perivasculitis is more accentuated.

September 1, 1921—Vision: Right eye, 20/10; left eye, 15/200.

After the second week sinusoidal current was applied twice each week.

In reviewing Case No. 1, it shows the typical course observed in a neuritis due to a hyperplasia of the ethmosphenoidal sinuses. We have in the beginning a classical neuritis which presents the functional findings of a textbook case with the exception of scotomata. After the causative fac-

tor is removed the neuritis subsides, but a certain amount of permanent damage has been done, so we have as a consequence thereof a partial optic atrophy.

In Case No. 2 it is interesting to note that if we can rely upon the history, this was in its inception a case of retrobulbar neuritis. At the time of first examination the case presented a fundus picture of a typical perineuritis, but when one considers in conjunction therewith the total obscuration of vision, it but leads to the belief that the entire nerve substance must have been involved, and this is later substantiated by our functional tests.

It is my belief that if cases of the above type were recognized and operated upon at a very early date, say within twenty to forty-eight hours after the beginning of the neuritis, much of the vision, if not all, could have been conserved. I believe that in any case of optic neuritis where all other causative factors can be excluded, even in the absence of clinical manifestations of ethmosphenoidal disease, these sinuses should be explored without delay.

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A CASE REPORT OF AN EXTRA-LARYNGEAL CYST PRESENTING SOME UNUSUAL FEATURES.*

H. MARSHALL TAYLOR, M. D.,
Jacksonville, Fla.

In reviewing the literature on cysts of the epiglottis, one cannot but be surprised at the relatively few references to this subject in the American textbooks on laryn-

*Read before the Forty-ninth Annual Meeting of The Florida Medical Association, held at Havana, Cuba, June 27-28, 1922.

gology, many of the authors making no mention of it whatever.

It seems that the European authors have been by far the more prolific writers on this condition, as evidenced by the fact that of the forty-two case reports of cysts of the epiglottis which were reviewed, thirty-three of them were by European authors. In recent years it seems that few statistics have been collected, and we are forced to judge of its relative frequency by the collections of the earlier European writers. As early as 1877 Beschorner collected 693 cases of laryngeal growths, of which forty-five were cysts. Fourteen of these were located on the epiglottis. In 1881 Moure collected sixty-eight cases of cysts of the larynx, of which twenty-three were located on the epiglottis. He states that cysts of the epiglottis occur less frequently than intralaryngeal cysts and that they are generally on the lingual surface. Purseigle states that of all tumors of the epiglottis up to 1905, 40 per cent were cysts.

Chiari in his chapter on cysts of the larynx says: "They owe their origin very infrequently to the mucous glands. In addition they arise from distended blood or lymph vessels as well as from serous effusions into connective spaces. Mucous cysts develop from the glands through retention after the closing of their openings as the result of inflammatory, ulcerative or cicatricial processes. Through this retention of the secretion the acini or tubules become distended, their walls become stretched and gradually eroded, so that ultimately a round sack develops which is lined within by a cuboidal, or a flattened pavement epithelium. The cyst is covered without by mucous membrane, which is at first red, but later becomes pale and translucent as the pressure becomes greater. Almost always one sees upon the surface single or branching blood vessels.

If the forty-two case reports which were reviewed could be taken as a criterion, it would seem that age has little influence on

the occurrence of this condition. The ages ranged from the new-born up to sixty-five years. As to sex in the forty-two case reports, these growths were found more frequently in the male than in the female in the proportion of two to one.

As to the location of the cyst in this review, they were found more frequently on the lingual surface of the epiglottis than on the laryngeal surface in the proportion of six to one.

The case herewith reported seems of particular interest on account of one condition. After a careful search in the literature I have been unable to find the description of a similar one.

The patient, L. H., male, age 27, farmer, weight 118. Father died of tuberculosis, age 60. Patient consulted me on January 10, 1921. The only complaint elicited by the patient was a description of severe, distressing choking sensations extending over a period of seventeen months. To quote him briefly, he claimed that on August 10, 1919, he was suddenly awakened with a choking sensation. He felt that someone had their hands on his throat. On assuming an upright position, the sensation subsided. On finding no one in his room, he concluded he was dreaming. This experience was forgotten until a week later when he was again awakened by this same choking sensation. That night he was awakened three times by what he described as attacks. From that time until the date I saw him, these choking spells reappeared frequently and lasted longer, only occurring while in the reclining position or at times when taking violent exercise. He claimed that he never had any cyanosis, for by forcibly expiring or a slight cough the sensation would be overcome temporarily. There was no impairment of voice or difficulty in swallowing.

On my first examination, by depressing the tongue the cyst was easily seen. Laryngoscopic examination showed a round tumor $1\frac{1}{2}$ cm. in diameter involving the lingual surface and right lateral border of the epi-

glottis, crowding the epiglottis posteriorly and to the left. The tumor was glistening and of grayish color, with a smooth surface traversed by several large blood vessels. To the probe it was soft, elastic and insensitive to the touch. A diagnosis of a cyst of the epiglottis was made and operation advised. The patient refused operation and was lost sight of for approximately one year. On January 24, 1922, he again called on me in desperation, saying that he could stand his condition no longer. He stated that his choking spells had become so severe that he was afraid to go to sleep. On falling asleep he would wake up screaming and clutching at his throat, often finding himself at an open window gasping for air.

By direct examination the tumor was again observed, and the upper and right lateral border of the epiglottis could be seen to be markedly depressed posteriorly. On January 25, 1922, at St. Luke's Hospital, I suspended the patient. The tumor was grasped with fixation forceps and with curved scissors excised at its base. There was an immediate discharge of a yellow gelatinous fluid. The point of attachment was then cauterized.

Dr. A. C. Broders, of the Mayo clinic, made the following report: The examination of the specimen of the epiglottis shows it to be a true cyst, or perhaps a better term would be cyst adenoma. While it is lined to some extent with squamous epithelium, there is also a good deal of columnar epithelium which undoubtedly secreted its contents. The rest of its wall is fibrous tissue with some inflammation.

Much to the disappointment of my patient, without speaking of my own chagrin, at the end of seven weeks there was no change or abatement in the severity or frequency of these severe spells of choking. Another direct laryngoscopy was made. There was no recurrence of the tumor and the closest examination failed to reveal its former attachment. However, the epiglottis was still turned on itself and occupied the

same plane that it did prior to the removal of the cyst. In the reclining position the epiglottis could be seen to tilt further backwards and on forced inspiration was drawn downward toward the larynx. I could only account for this phenomenon on the theory that the prolonged pressure of the cyst had interfered with the resiliency of the epiglottis, which seemed to be more flabby and resembled somewhat the infantile type of epiglottis.

The picture of this atypical epiglottis combined with a group of symptoms in some respects resembling laryngeal stridor recalled to my mind the case report of Dr. Samuel Iglauer of an Epiglottidectomy for the Relief of Laryngeal Stridor.

On March 21, 1922, seven weeks after the removal of the cyst, during which time the patient was having these nocturnal attacks of choking, the epiglottis was exposed by the direct laryngoscope, and that portion showing a definite entropion was removed by the use of the alligator punch forceps. The amount of hemorrhage was trivial. The patient for five days following complained of some pain on deglutition, but otherwise was not inconvenienced.

Twelve weeks after this procedure the patient states that he has not had any tendency toward his former paroxysms. His rest at night is unbroken and, furthermore, violent physical exertion can be taken without any inconvenience to his respiration.

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THE EYE AND THE GENERAL PRACTITIONER, WITH A PLEA FOR EARLY CONSULTATION.*

ALICE MILLER, M. D.,
West Palm Beach, Fla.

When we enter college for the study of medicine, the first three years are devoted almost entirely to the fundamentals giving us a firm foundation on which to build. During the fourth year the special branches of medicine are dwelt upon briefly, and those of us who wish to specialize have had to take a few extra courses to really understand what the first principles are. The

*Read by title before the Forty-ninth Annual Meeting of The Florida Medical Association, held at Havana, Cuba, June 27-28, 1922.

eye course in my alma mater consisted of ten short lectures, and many of the students cut these. This goes to show that the general practitioner, more interested in other branches of medicine, is not wholly prepared to cope with the diseases of the eye, many of which require prompt and proper treatment.

Even at the very threshold of life the innocent babe may experience the direful result of procrastination. The prophylactic use of the silver nitrate in the eyes of the new-born is sometimes put off until a swelling of the eyelids and a discharge of pus from beneath them occur. This, fortunately, is not true of all cases of confinement, but occurs frequently enough to count against some physician. Even when the discharge appears there is too often a delay ere competent advice is sought. Ophthalmia neonatorum adds one more case to those of preventable blindness.

The baby grows, begins to notice objects, but parents observe a peculiar appearance about one of the child's eyes. It becomes more marked, a yellowish reflex is seen in the pupil, the iris changes in color. Parents neglect calling attention of their family physician to the condition and even after his advice is sought watchful waiting is at times the only counsel given. When at last the eyeball is removed for glioma of the retina it is too late to check the progress of the disease, and frequently, after months of suffering, death ensues. A life has been needlessly sacrificed.

Glioma is one of the most malignant of tumors, and the diseased eye must be enucleated as quickly as possible. Dr. J. E. Davis, of Oklahoma, reports a pathetic case in the *Journal* of 1921. It was a boy, age six months. The mother first noticed the eye was yellow, and the father jokingly said he was cock-eyed. Soon after noticing the yellow color in the eye the mother made a visit to the child's grandfather. He was a physician, but he did not think it anything serious. After visiting him a month, he decided to

have the child's eye examined. The eye was enucleated for glioma, but the child had a recurrence and died.

Another case which was immediately diagnosed as glioma and enucleation advised, the father, not being satisfied, consulted another oculist, who said it was not glioma, and did not operate. About two months later he decided it was glioma and did the operation, but the child had a recurrence and died.

Again, parents and relatives notice that the young child does not seem to fix its attention on objects, though it otherwise develops normally. Although its attention is attracted by bright light, it moves the eyes from side to side aimlessly as if seeking what it cannot readily discern. Even a cursory glance shows the pupils grayish in color instead of the normal black. There has been some prenatal nutritive disturbance and total congenital cataract has resulted. Many times a wait of several years ensues before the advice of an early operation is heeded, and the result then obtained is not good.

Congenital cataract demands an early operation when the general condition is favorable. The early removal is of the greatest importance in order to prevent amblyopia from nonuse, for obtaining better vision, for causing disappearance of nystagmus which prevents acute vision, and for promoting mental development.

The young child old enough to play with toys, to look at picture-books and small objects, in other words, beginning to use his power of accommodation and the associated convergence of the visual axis, is noticed to have a "cast" in one or the other eye. This is frequently associated by the parents with some recent illness or attack of worms, and they wait for the eyes to become straight as the health of the child improves. This decision is frequently concurred in by the family doctor. Years sometimes elapse before any remedial measures are taken. The squinting eye is not receiving images at the macula, it lessens in visual acuity, and when finally competent advice is sought, operation is usu-

ally necessary to cure the strabismus and the squinting eye possesses little vision. Amblyopia exanopsia might not have resulted and operation not been necessary had the underlying cause of the squint been treated, a cycloplegic used and the error of refraction properly corrected.

It hardly seems probable that any acute inflammatory process about the eyes of a child would be left untreated or inefficient and often decidedly harmful home remedies used for days or even weeks before some physician sees the case, yet it is true, and these parents or guardians seldom seem to realize the harm they have done by their delay. How often are children brought to us, the face buried in their mother's arms, the lids tightly closed, with marked blepharospasm and photophobia. Had advice been sought earlier, a simple line of treatment, the correction of a faulty system of feeding and placing the child under proper hygienic surroundings would have quickly effected a cure of the phlyctenular conjunctivitis and keratitis, that perhaps has at this time left marked and permanent opacities upon the cornea. Equally inexcusable is the delay in properly caring for the various forms of conjunctivitis found in childhood; time is lost by the home treatment that cannot possibly take into consideration the etiological factor that is causing the trouble in that individual case, and when the patient reaches the specialist a lengthy course of treatment is often necessary, whereas if seen early a few days would have sufficed.

There is a conjunctival disease occurring at all ages, formerly more prevalent among children than at the present, important on account of its disastrous complications and sequelae which are responsible for many cases of partial or total blindness. It is highly contagious, and in institutions, if unnoticed, may rapidly spread from one to another. Delay in isolating suspicious cases, or delay in giving proper treatment in the early stages has in days past and, alas, occasionally even at the present time, been re-

sponsible for allowing an epidemic of trachoma to gain such headway that months of treatment of many cases have been necessary, instead of a few mild cases quickly cured.

Early in school life, or even prior to that period, the child shows a disinclination to attempt close work except in the best of light, the book or object looked at is held close to the eyes, the eyelids become reddened along their free borders, conjunctival irritation is shown by excess in flow of tears. In some cases distant objects are blurred and indistinct, and if tested with lenses alone they are apparently myopic.

Left alone at this stage a true myopia may develop, but if taken in time and the refractive condition determined with the accommodation paralyzed by a cycloplegic and proper lenses ordered early, relief and comfort follow. Frequently, however, this method is not pursued, but often, waiting and doing nothing, or waiting until after those incompetent to properly treat such cases have tried, and at last when the patient reaches the oculist it is found that a near-sighted lens of considerable power has been placed before the far-sighted eye, or a cylindrical lens whose strength has been determined by guesswork with the axis determined by the same rule, are put on the astigmatic.

The oculist's record books have very many cases of such character. As he studies, the child sits with head bent close to the book, the figures on the blackboard a meaningless jumble of lines to him, though seen distinctly by his seat-mate. It is now June; in September when the child entered school his vision for distance was acute and normal. Leave this child alone and a myopia is more or less likely to develop, probably progressive in character, and often associated with choroidal and other intraocular changes. It is not wise to procrastinate here.

Time will not permit the consideration of many other conditions among children where promptness means everything. Let us now

look for a time at those of maturer years.

Purulent ophthalmia, due to gonorrheal infection, presents itself. Dreadful in an adult (in its final result), unless active treatment is immediately instituted and carried out. Usually unilateral when first seen, the unaffected eye may escape scott-free if properly protected at once. Would you feel justified in waiting at all before applying the Buller shield or deferring treatment? Delay may mean involvement and destruction of the cornea in each eye.

The proper care of eye injuries and their treatment undoubtedly saves many an eye from becoming blind. No other part of the human body succumbs to disease more rapidly than the eye. After death it is the first part to show signs of decay. Being largely made up of fluids and rich in blood supply (with the exception of the cornea), it is naturally very delicate and susceptible to disease and injury. When the outer layers of the cornea are destroyed either by an instrument used to remove a foreign body or by the foreign body itself, nature's means of preventing infection has been greatly handicapped. The peculiar manner in which the cornea gets its nourishment, and having no real blood supply of its own, leaves it with very poor resisting power, and the eye being situated where it is, constantly exposed with only the tears, eyelids and nervous reflexes to protect it from dust, dirt and many other ways of injury, it is remarkable that we do not have more eye diseases. Foreign bodies which become imbedded in the cornea always need prompt removal under the most thorough aseptic conditions, as they are so often the predisposing cause of corneal ulcer or abscess, with hypopyon and perforation, then infection of the vitreous and panophthalmitis, a condition requiring that the eye be enucleated, while in the case limited to abscess of the cornea, healing may leave a dense scar which will permanently impair the sight. Thus we see that the simple minor injury of a foreign body imbedded in the cornea, that is not promptly and properly re-

moved, may cause permanent impairment or even complete loss of an eye.

The time element is even more important in the case of major injuries. In this group we find two types of cases which are most often pitfalls for the medical profession.

First, the case with a perforating wound and a prolapsed iris. As a rule, the perforation will be through the cornea, and the iris is found sticking out between the margins of the wound. It is here that a simple operative procedure, one not requiring even a general anesthetic, when promptly done, will often save an eye. The operation we speak of is an iridectomy. It should be done at the earliest possible moment, and in all cases where the iris has prolapsed between the cut surfaces of the wound. If this condition is neglected and the wound is left gaping, infection may extend to the interior of the eye. If this catastrophe is escaped, the iris will become firmly healed into the scar in the cornea. This point of anchorage will be a constant source of irritation to the injured eye, often resulting in iridocyclitis and secondary glaucoma, and may even cause a sympathetic involvement of the other eye. Also the pull exerted by the adhesion will distort the contour of the cornea and greatly reduce the vision. If the lens has not been injured, and the case is seen early, a very satisfactory result may follow an iridectomy.

Dr. Benham, of Minnesota, says: "Observation of patients with acute inflammatory diseases of the eye leaves the impression that, in many instances, pain, loss of time and disability might be materially lessened if the advantages of early diagnosis and appropriate treatment were more generally recognized." We have all seen eyes that were entirely lost, due to lack of treatment early in the disease or injury. The blame is on the patient many times and sometimes upon physicians who do not apparently take enough interest in the eyes to recognize and impress upon the patient the serious nature of their condition. It is a common remark

among nearly all physicians except oculists that they do not pretend to know anything about the eye, and let it go at that. It is my purpose in writing this paper to try to stimulate more interest, if possible, among physicians, or at least to get them to take more careful notice of eye conditions than they do many times, so that serious diseases will be recognized early.

Corneal ulcer is one of our most destructive eye diseases and one of the most easily recognized, especially the serpiginous ulcer of the pneumococcus infection. It should be recognized very early and heroic treatment instituted, or we will have a blind eye, as this infection spreads rapidly and will soon involve the whole surface of the cornea. This type of ulcer is always associated with lots of pain, deep circumcorneal injection and photophobia.

There is perhaps no class of diseases in which the correct management of the early stages counts for more than in iritis. It is a disease which should always be recognized early and atropine instilled and the pupil thoroughly dilated before adhesions take place, for plastic exudates are thrown out by the vessels of the iris, and if not prevented by treatment, adhesions form, fixing the iris in contact with the lens. Vigorous treatment, applied early, usually limits or prevents these adhesions; the same treatment undertaken some days later often is ineffective, in which case the pupil becomes partially or completely closed, the intraocular tension may rise, inflammatory symptoms persist, and the disease is likely to run a tedious, painful course, terminating in more or less damage to the eye or giving rise to glaucoma, which disease is one of the most rapid in its destruction to vision, especially the acute form. The intraocular pressure becomes so great that unless the tension is soon relieved blindness from optic atrophy will ensue. This disease has been known to completely destroy the vision of an eye in a few hours.

The larger per cent of these cases are seen

first by the general practitioner, and it is of the utmost importance that he should be able to diagnose them correctly, and without the loss of time if the integrity of the eye is to be preserved. The physician who passes the eye cases over with a hasty inspection, or who allows himself to be beguiled into the practice of prescribing eye washes for all eye disorders, will sooner or later make some error fatal to vision which might have been avoided. A routine treatment with some doctors is that of prescribing preparations containing cocain in all cases where the eyes are inflamed and painful.

Dr. Atkinson, of New Orleans, has reported two cases of absolute glaucoma with total blindness resulting from this mistake. Therefore it should always be promptly recognized in order to save the vision.

Not a month ago I saw a blind eye due to a glaucoma which had been mistaken for a conjunctivitis and simple wash prescribed, the eye being permanently disabled before an aggravation of the symptoms prompted the attending physician to make a more thorough examination. Of course the wash in this case did no harm, but the sense of security established in the patient by the treatment, and perhaps by the assurance that the eye would soon be well, caused him to accept his condition, as a matter of course, for days before requesting another examination, during which time the eye lapsed into a condition of complete glaucoma, with all hope of restoration lost.

Unfortunately many of these patients think they have a so-called neuralgia in their head and do not realize the seriousness of their condition until it is too late. The intense pain in the eye and the increased tensions should never be mistaken by a physician for any other disease, especially in the acute type, but many cases of chronic glaucoma, which is not so actively destructive to vision, and has periodic attacks of pain, have been passed along with headache powders to relieve the pain, for sometimes years, be-

fore it is recognized and permanent damage has been done to the vision.

The following case was reported in *The London Journal* by Dr. Wallis, who was called to see an old lady of 74 who had been confined to bed for some time with an hepatic disorder. Her physician said at the time she was suffering from iritis, and in spite of atropine treatment for a fortnight she was still in much pain. It appeared that one evening while reading the paper she had been seized with a severe neuralgia. As she was sick at the time it was not until the eyes became very red that the friends realized that these might be the cause of the trouble. The sickness was the more misleading because for several months past she had had occasional bouts of vomiting. When Dr. Wallis saw her the sickness and retching had passed off, but the pain was still severe. On inspection the eyes were much injected and of the usual dusky purple tint. The cornea were steamy and in parts a few small bullae, although the depth of the anterior chambers were quite normal. The irides were atrophic and faded in color. The peculiar greenish tinge of the pupils, from which the name of glaucoma was originally derived, was much in evidence, owing to the widely dilated pupil from the use of the mydriatic. Vision was reduced to barely perception of light in each eye, and to palpation the globes felt stoney hard. The steamy state of the cornea permitted only a dull fundus reflex to be obtained with the ophthalmoscope. Here, then, was a typical picture of an eye blinded by glaucoma. As the patient was very feeble and there was no possibility of restoring the sight after such an interval, she was placed on a miotic regime to see if pain could be relieved without an operation. Since this did not accomplish the purpose, both eyes were successfully trephined under local anesthesia without causing much discomfort, and was soon followed by complete relief.

The fault is not always with the physician, as I said before, for there are some people

who, able to reason correctly and to act at once in business or household matters, will allow vision to gradually slip away beyond recall even when warning has been given of such possibility. The habitual smoker (do not think I am opposed to smoking, although I have not yet become addicted to the habit, *i. e.*, not in public), whose foggy vision in the early part of each day has caused him to seek the advice of the oculist, does so usually after weeks have elapsed. Even then he is loath to stop the habit that is the cause of his trouble and delays until degeneration of the fibers of the optic nerve renders restoration of vision impossible.

In middle life difficulty arises in seeing clearly when reading or engaged in close work. Disinclination to face the truth that old age must come, and presbiopia is one of its attributes, many wait years beyond the time when this aid to near vision should have been sought. Irritable temper and a dull, heavy feeling in the head are the least of the results of this waiting.

The public is gradually awakening to the importance of caring for the eyes, and the general practitioner can do much in gently leading his patients around these pitfalls.

TONSILLECTOMY: AN ELECTIVE MAJOR OPERATION.*

J. B. DAVIS, M. D.,
Daytona, Fla.

When we use the word elective in connection with operations, it means that we are not dealing with an emergency and that time is not an essential factor in the consideration. It means that we have recognized the advisability of operating, but that we do not have to operate immediately. It means that we are able to make it an individual operation in the sense that the patient is the individual of the first part receiving special attention to his peculiar make-up or idiosyncrasies, as it were, and that we as surgeons

*Read by title before the Forty-ninth Annual Meeting of The Florida Medical Association, held at Havana, Cuba, June 27-28, 1922.

are the individuals of the second part, being able to operate under almost ideal conditions and to perfect technique, etc.

These are conditions which would not hold true in the emergency of a thoracotomy having to be done to relieve an empyema, or a gall bladder drainage in the case of diabetic, perhaps. For in these or similar circumstances we would feel that the operation had better be done as an expediency, even facing that fact that the patient is below par in factors of resistance at the time.

A tonsil operation is probably never classed as an emergency. We, therefore, would give the patient an exhaustive examination so as to decide what anesthetic, if any, should be administered. The heart, the lungs, the blood (with respect to coagulation time especially), and the urine should be examined into by one who can do the work and interpret or recognize the import of what he finds.

We have recognized for a long time that acute articular rheumatism and heart affections (endocarditis) go hand in hand with a nidus in the tonsils. Remembering this, we would perhaps be criminally negligent to subject a patient presenting such a condition to the consequent dangers of an anesthetic without a careful examination into his heart's condition.

We also would enter into an operation for tonsils with much trepidation where we had an aneurism. But how would we know there was an aneurism if we failed to look for it and prove it not present. Neither would we give an anesthetic to any patient who had an active tubercular process in the lungs in this elective operation. (We might, however, elect to do the operation where one of these conditions existed, but under local anesthetic.) The urine should routinely be examined for indol, skatol, sugar albumin and casts. A blood examination is very important. We should know that the blood of our patient has a coagulation time of, at most, from five to eight minutes, as we sometimes find is not the case.

It is something for the surgeon to congratulate himself upon when he has prescribed a calcium salt, or whatever he may use to hasten coagulability, and thereby save himself the embarrassing trouble of getting up in the night to make a hurried call to the hospital, where his patient is slowly oozing out his life's blood.

It may be that an anemia is at the bottom of that hemorrhage. If so, the operator, again, could have taken proper steps to forestall the disaster when he discovered it in his routine blood examination. These are some of the things that put the tonsil operation in the realm of major operative work.

We hear now less and less in disagreement with the statement that a tonsil operation is a major operation. Those surgeons doing most of this work, *i. e.*, the greatest number of them, consider them so.

There was a time when the operation was performed in the office regularly and the patient allowed to go home immediately afterward, perhaps ride many miles in a wagon or use whatever other means of conveyance he had in order to get home. That time is past, because we are recognizing the seriousness of the operation and the necessity for hospital facilities if we are to make it ideal and altogether successful.

And again, those were the days when it was good practice to do a superficial operation, clipping off the tonsil rather than doing an enucleation, as we now know is necessary. They did a tonsillotomy, not a tonsillectomy.

Many times do we find that tonsil remnants, or the stump of a tonsil that has been left, is the cause of repeated abscesses, or acting as retention cysts from which the patient has a true focal infection. These remnants are healed over, or buried in scar tissue with no excretory duct, and absorption with systemic poisoning is the consequence inevitably. The very purpose of the operation has been defeated and tonsillectomies in general thereby brought into ill repute.

In condemning operations that fall short

of complete removal (enucleation), due respect for the consideration of our patients as individuals is apparent. Where the patient is given the careful preliminary examination which is his due, the operator need never experience the necessity for hurried superficial operating. He is permitted to enucleate the tonsil by a method of slow ecasure which will result in an almost bloodless operation, and he has the satisfaction of a careful examination into the tonsil fossae at the time of operation, looking to the removal of the last bit of tonsil tissue which he would frequently leave, failing to get it engaged into the snare at the first attempt.

PROPAGANDA FOR REFORM.

MORE MISBRANDED NOSTRUMS.—The following products have been the subject of prosecution by the federal authorities, charged with the enforcement of the Food and Drugs Act: Beil's New Nerve Tablets (Beil Mfg. Co.), consisting essentially of aloin, zinc phosphid, nux vomica extractives, resin, a laxative plant drug, magnesium and iron salts. Diemer's Prescription for Gonorrhea and Gleet (Dr. F. W. Diemer Medicine Co.), consisting of pills which contain Epsom salts, calcium sulphid, ferrous sulphate and oil of cubebs, and tablets for external use containing boric acid, zinc sulphate and hydrastin. Diemer's Dyspepsia Tablets (Dr. F. W. Diemer Medicine Co.), consisting chiefly of baking soda, a laxative drug and ipecac alkaloids. Diemer's Hot Toddy (Dr. F. W. Diemer Medicine Co.), tablets containing milk sugar, baking soda, a laxative plant drug and small amounts of ginger and red pepper. Diemer's Kidney and Bladder Tablets (Dr. F. W. Diemer Medicine Co.), consisting chiefly of baking soda, saltpeter and a laxative plant drug. Diemer's Treatment for Piles (Dr. F. W. Diemer Medicine Co.), suppositories containing cacao butter, borax, alum and tannin-bearing plant material. Diemer's Antiseptic Female Suppositories (Dr. F. W. Diemer Medicine Co.), suppositories containing borax, alum

and tannin-bearing plant material. Diemer's Rheumatic Remedy (Dr. F. W. Diemer Medicine Co.), containing chiefly acetanilid, baking soda and a laxative plant drug. Diemer's Pennyroyal and Tansy Compound (Dr. F. W. Diemer Medicine Co.), tablets containing chiefly plant material, including aloes and red pepper, with saltpeter and sand. Diemer's Preparation for Specific Blood Poison (Dr. F. W. Diemer Medicine Co.), containing, chiefly, calcium carbonate, ferric oxid, potassium iodid and small amounts of arsenic and mercury. Diemer's Laxative Grip-Malarine (Dr. F. W. Diemer Medicine Co.), consisting of acetanilid, baking soda, aloes and red pepper. Manhood Tablets (Hollander-Koshland Co.), containing damiana, strychnin and zinc phosphid. Patten's Lightning Salve (John H. Patten), consisting of camphor, turpentine, soap, rosin, tallow, beeswax and petrolatum. (*Jour. A. M. A.*, June 3, 1922, p. 1740.)

SALICYLATES "NATURAL" AND "SYNTHETIC."—The Wm. S. Merrell Co. rehashed the definitely refuted claim that "synthetic" salicylic acid is inferior to the "natural" kind. The Merrell Company suggests that, to avoid the effects of synthetic salicylic acid, physicians should specify "natural" and "Merrell" in writing prescriptions for sodium salicylate or any of the other salicylates. About ten years ago the Council on Pharmacy and Chemistry instituted a thorough investigation of the asserted superiority of natural salicylic acid and salicylates over the ordinary or synthetic kind. This investigation afforded conclusive proof that the claim—based on a mixture of mysticism, commercial exploitation, misinterpretation and tradition—is without foundation. Nevertheless, the Merrell Company attempts to induce the medical profession to perpetuate this exploded fallacy and to specify the Merrell product, which costs twenty-four times as much as the synthetic sodium salicylate of U. S. P. quality. (*Jour. A. M. A.*, June 3, 1922, p. 1742.)

The Journal of The Florida Medical Association

Owned and published by the Florida Medical Association.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at St. Augustine and Jacksonville. Price \$1.50 per year; 15 cents per single number.

Contributions for publication in this journal, whether scientific papers or reports of County Secretaries, should be typewritten.

Address Journal of the Florida Medical Association, St. Augustine, Florida, or 602-603 Consolidated Building, Jacksonville, Fla.

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THE MEDICAL PROFESSION IN TIME OF WAR.

In modern times it has been generally recognized that an army to be efficient has to be healthy. To organize and maintain a healthy army an efficient medical corps is an absolute necessity. It is probably universally conceded that the army this country organized during the world war was composed of as healthy a body of men when it was finally mustered for action that ever entered battle. As the war progressed many mistakes were corrected. There was one glaring error, however, immediately concerning the medical profession that was never in its entirety corrected. The writer refers to the organization of the medical profession to 100 per cent of its possible usefulness. Members of the profession anxious for and capable of service were denied the opportunity on account of some disability which, while disqualifying them for field service, was not of a degree to interfere with their carrying on large and successful practices, nor of a degree to have prevented them from qualifying for war service in various capacities. The writer knows of many medical men in Florida and elsewhere who at the time America entered the war were engaged in successful practice, attempted to enter the military service of their country, but were denied for various disqualifying physical defects, who are today in apparent good health and useful citizens and physicians in their communities.

The medical corps of the armed forces of the country were by this procedure without the services of what could have been made a useful body of medical men. It may be argued that we were numerically in a position to ignore all those who had physical defects that interfered with their coming up to a certain standard of physical fitness. What actually did occur, however, was that hundreds and hundreds of physically fit medical officers were kept on duty in base hospitals and in other capacities in this country when surgical units were on duty at the front doing twelve and eighteen hour shifts of duty.

The present organization of the Medical Reserve Corps of the United States army should include some provision to officer home stations and hospitals with medical men who, while not physically qualified to serve on the actual battlefield, would be men of great usefulness in many capacities. Such a provision would not only give these men an opportunity for service, but would serve the even greater purpose of releasing for actual service at the front a large body of officers who would otherwise be kept in official capacities not requiring 100 per cent of physical fitness.

A PERSONAL NEWS COLUMN.

In this issue of *THE JOURNAL*, another effort is being made to establish a department dealing with matters of personal interest to the profession of the state. It appears under the caption, "Here and There." *THE JOURNAL* being edited in Jacksonville, it is an easy matter to secure items from "Here." We are, however, especially interested in securing items from "There." *THE JOURNAL* is the property of the State Association and is not interested in one portion of the state or in any one city of the state any more than other portions or cities. A letter has recently been addressed to some of the larger county medical organizations asking for their co-operation in making this department cosmopolitan. The matter of sending in items need not, however, be confined to the larger county organizations, as we will be pleased to receive from any individual member any note or newspaper clipping that would be of interest to readers of *THE JOURNAL*. We, therefore, ask for the hearty co-operation of every individual member of The Florida Medical Association.

HAY FEVER.

The desensitization treatment of hay fever patients is now in full swing, for the annual August datings have not been canceled. However, there are procrastinators and unbelievers in this domain of experiment, as

in all others. There will be plenty of hay fever this year, notwithstanding the endorsement of the pollen extract desensitization treatment (prophylactic) by Dr. Sheppergrell, president of the American Association for the Prevention of Hay Fever (who has just written a book on the subject), and others. These patients are not altogether at the mercy of the ragweed, however, for it is possible to mitigate their condition by the application of ointments, inhalants or sprays.

The nasal mucosa is disorganized, relaxed, weeping, as a result of the pollen bombardment. It can be toned up to a material degree of resistance and independence by the use of Adrenalin (P. D. & Co.) in spray, inhalant or ointment form. When a comparatively weak solution is used in spraying, no reaction follows, and the applications may be repeated as often as desired without risk of toxic effect. Ointments and inhalants of Adrenalin are rather more convenient to use than the spray, though not so prompt in their effect. They contain Adrenalin 1:1000, and it is the gradual release of the Adrenalin that prevents a too pronounced astringent effect when they are applied.

HERE AND THERE.

Dr. J. D. Peabody, of St. Petersburg, is spending August and September in the mountains of North Carolina. Dr. Peabody has the distinction of being the oldest physician in Pinellas county in point of service.

Dr. R. D. Murphy, of St. Petersburg, is taking eye and ear work in New York city.

Dr. T. R. Griffin, of St. Petersburg, has just returned from a trip of several weeks in New York and Chicago attending surgical clinics.

Dr. O. M. Knox, of St. Petersburg, spent the month of July in the Chicago pediatric clinics.

Dr. O. O. Feaster, of St. Petersburg, recently returned from a six weeks' course in

roentgenology at the Cincinnati General Hospital.

Drs. R. H. Knowlton, W. M. Davis and L. Lambdin, of St. Petersburg, are in the East for two months' postgraduate work and vacation.

Drs. Lambdin, Wood, Knowlton, Murphy, Futch and Feaster, of St. Petersburg, have established themselves in their new twelve-room suite of offices in the First National Bank building. The arrangement includes completely equipped clinical and X-ray laboratories.

Dr. E. S. Gilmer, of Tampa, will leave about October 3 for Philadelphia, where he will take a postgraduate course in urology at the University of Pennsylvania. Dr. Gilmer expects to be gone some fifteen or eighteen months.

Dr. A. C. Ives, of Tampa, is in Chicago doing some special work. He expects to be there for about two months.

It has been observed by the writer and is commented upon by other doctors in this vicinity that we may soon expect the annual influx of infectious throats and diseased conditions of the upper air passages owing to the arrival among us of our tin-can tourist population who have come over dust-laden highways and mingled with the cross-roads grocery store and country post-office populaces for a week or more.

An effort is being made to put the milk supply in Orlando on a positively controlled basis. To that end a committee of three from the Orange County Medical Society has been named to act in an advisory capacity to the city physician and milk inspector. Drs. Persons, Christ and McEwan are the men who will act. Our aim is to have all milk supplied to the city to come from tuberculin tested cows. Everyone dispensing milk is to have a license from the milk

inspector's office. This license is given only after the dairy has been inspected and the owner has complied with all requirements such as distance of the cow shed from the milk house, and the screening of same, care of the udders of cows, freedom from disease of the milkers, sterilization of the bottles, cleansing of the stables, etc.

Through the efforts of Dr. J. R. Harris, city health officer of Tampa, the city commissioners were induced to set aside a small appropriation to be used for diphtheria prevention and control. It is planned to do the Schick test on all the children of the public schools of the city, and those that show a positive reaction referred for immunization.

Due to the indifference, or negligence, and parsimonious action of the city commissioners of Tampa toward public health matters, the mosquito eradication brigade was rather late in starting at this point. Mr. Simons, state sanitary engineer, gave the city dads a straight talk from the shoulder, calling attention to bad sanitary conditions, some of which he characterized as the worst in the state. The work is well in hand at the present time, and the trouble will be remedied in a very short time.

Some of the places serving food have recently screened their places, something that the health officer has been striving to have done for some time, but which he was prevented from doing by some influence being brought to bear on those higher up, is the belief of many.

Page 83, State Board of Health Notes No. 5 for July, August and September, cite a case showing interference with health work by city officials. A like case probably to the one referred to in which dirt, filth, mould, fungi growth were found one one man's premises, witnessed by doctors and laboratory technicians, and the drug store fountain man was released by the judge. One of the city commissioners is understood to have inspected the place (some four or five hours later) and found it clean.

(Continued on page ix.)

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THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION

PUBLISHED MONTHLY

Volume IX

St. Augustine and Jacksonville, Florida, September, 1922

Number 3

ORIGINAL ARTICLES

WHAT IS PSYCHOANALYSIS?*

LOUIS E. BISCH, M.D., Ph.D.
Asheville, N. C.

Psychoanalysis is what the name implies—an analysis or study of the psyche or mind. It is neither an ism nor a cult but a rational scientific procedure elaborated specifically for the understanding and treatment of functional nervous disorders.

To Sigmund Freud of Vienna the credit is due for the advent of this newer psychology. With Freud and his followers the psychological viewpoint shifted and whereas formerly mental processes were studied and correlated largely in terms of output—the results of brain activity—the psychoanalytic doctrines laid particular stress upon the causes and reasons that lay behind and underneath the workings of the mind. Psychoanalysis is always searching for the reason why. Why a person thinks thus or so, why he behaves in this or that curious manner, why he is tormented by fixed ideas and obsessions, why his emotional life is unstable or inadequate, why he is miserable, mentally sick, unsuccessful, and does not harmonize with his surroundings and fellowman—all these, and innumerable similar maladjustments, are constant question marks that analysis attempts to answer.

In recent years the interest in psychoanalysis has grown by such leaps and bounds that the subject now has over a thousand books and articles to its credit, and its principles are not merely applied to abnormal or unusual mentality but they are used as a method of interpretation in every field of human endeavor which is the direct result of mind output. Thus art, pictorial and plastic, can be analyzed. Novels, drama and poetry may be subjected to analytical interpretation.

Pedagogy is being linked more and more with psychoanalytic principles. Business efficiency is being enhanced by the study of the individual's psyche. In short, the kind of work we do and the way we do it reflects the subtle workings of our inner selves which are analyzable and capable of simplification.

The mind is a machine like any other organ of the body, but it is a very complex machine. We find, however, that all of us think, act, and feel about alike under like circumstances and thus psychoanalysis has been able to establish certain relationships between cause and effect which, in toto, constitute the psychoanalytic fundamentals. We all possess, for example, a most powerful mother love, and this so-called Oedipus complex is studied in every case that is analyzed.

Every individual is born with instincts—libidinous cravings or urges of desire the analysts say—that seek fulfillment in the world outside. Among the libidinous desires are the nutrition urge, the reproductive urge, the self-preservation urge, and the ego urge. There are many other urges besides these four, but these particular ones are compelling forces in everybody. Few have difficulty in expressing with satisfaction the instincts of nutrition and self-preservation, but a surprisingly large number of people are thwarted in one way or another in attempting to satisfy their reproductive and ego cravings. Sometimes, too, the reproductive and ego urges appear in conflict, one with the other, and to this end our necessary social structure and moral codes may be important factors.

Man still possesses many primitive animal tendencies that try to assert themselves but which his consciousness holds in check because such behavior is forbidden by the standards which people have set up as spelling the greatest good to the greatest number.

*Read before the Duval County Medical Society, at Jacksonville, Fla., July 3, 1922.

His instinctive cravings, therefore, come into conflict with these standards and the result is that he tries to subdue them, push them aside, forget them. In psychoanalytic parlance such an individual suppresses his desires from his conscious mind into that deeper, underneath part of his mentality, which is termed the subconscious or unconscious mind.

It has been found that suppressing strong emotional cravings (succeeding in forgetting them, as it were), necessary and laudable as that may be for the individual's immediate adjustment and happiness, does not put an end to his difficulties. If the primitive, emotional strivings are strong they attempt to reassert themselves in consciousness—they again try to gain recognition and fulfillment. Then, when unable to accomplish this, or when resuppressed again and again, they may form maladjustments in the unconscious which are called complexes. It is these complexes that cause the symptoms of the functional nervous diseases, the neuroses.

It must not be thought for an instant that the psychoanalytic doctrines advocate non-suppression and lawlessness of thought or behavior. On the contrary, an analysis of one's self is the greatest character builder there is, for it teaches the subject to face the facts and desires of his life squarely, honestly, and unflinchingly, so that he may know what he really is, what he really feels, and what he actually would like to do. Such a "heart-to-heart" talk with oneself naturally leads to right-thinking and right-living, for not only does it bring to light (to conscious recognition) the many things that people are ashamed of and which they hide, disguise, and dare not contemplate, but it also points the way by which their animal cravings can be substituted, socialized and idealized.

Strange as it may seem, the salient feature of the psychoanalytic cure depends upon bringing the submerged, suppressed and unconscious complexes to conscious recognition. The patient does not know what the complexes are that have produced the symptoms of his neurosis. He may consciously know or suspect some of his complexes but

these cannot be the ones that have metamorphosed themselves into the symptoms. If he really knew what his essential complexes were he could automatically cure himself.

Self-analysis is possible and often very helpful provided one is conversant with psychoanalytic principles, the method of procedure, and is capable of abstracting himself sufficiently to judge impartially. But the difficulty is that everyone tends to make excuses for himself and will halt his psychoanalytic probe far short of the depth which it is necessary to go in order to bring to light the offending causes. Especially in the well-defined neuroses, it takes a trained and efficient analyst—an outside authority—to bring the complexes to the fore, establish order out of chaos, and accomplish the desired results.

It has been found that childhood forms a most favorable soil for the sowing of the seed that grows into the neurotic tree of adulthood. In its earliest years the child is absolutely dependent upon its parents, guardians and teachers, and by the time adolescence is reached it has passed through a critical stage of doubt and uncertainty, a stage of groping for the true facts of the life that confronts it, of trying to tear away from the parent stem so as to stand on its own feet and face the world alone and unafraid. The first conflicts between emotional, self-centered and often selfish strivings, and the ways of the world outside are to be found during childhood years—hence, also suppressions are common. The child soon learns that it must hold itself in check in order to be acceptable to other people. In this struggle of self-control one may find some of the earliest root complexes.

The very first step in psychoanalysis is to take a most complete and detailed history of the case. The influences derived from the father, mother, brothers, sisters, relatives—all may offer important data. The strivings and ambitions, the successes and failures, must also be taken into account. The love life of the patient is likewise an inquiry of consequence.

This brings to mind a rather frequent criticism against psychoanalysis. It is said that the method lays too much stress upon sex strivings. As a matter of fact, the actual sex life of an individual plays a comparatively insignificant role in his daily routine while his love-life, of which sex is only a part, constitutes one of his most insistent strivings. But love-life embraces all the inner reachings and towerings through which a human being attempts to commune, and enter into accord with, the nature that surrounds him. The love-life does not merely take in the opposite sex but embraces as well relationships with the same sex, trees, flowers, and anything towards which emotional interest is directed.

A psychoanalysis is a long and sometimes tedious procedure. Two to three months' work, meeting the patient three times a week for from three-quarters of an hour to an hour is the average course of treatment. Some cases are thoroughly analyzed within a shorter time—others take longer. The age of the patient, the readiness with which he cooperates, and his general level of intelligence are all factors in this regard.

Neurasthenias, hysterias, compulsion and anxiety neuroses lend themselves particularly well to the analytic method. Beginning psychoses may often be prevented from developing further by psychoanalysis and no system of psychology yields more lasting results when used in connection with a mental hygiene program for the prevention of nervous breakdowns or their recurrence. Indeed, any individual may profit immeasurably by a psychoanalysis, whether he tends to be neurotic or not.

When complexes that cannot be satisfied are brought to conscious recognition, a sort of substitution — sublimation — is offered which will turn the libidinous strivings into healthy, efficient and normal channels. Sublimation is the last thing taken up in an analysis and, in many ways, it calls for the greatest degree of expertness and understanding of normal psychology and characterology. When primitive instinctive urges

are sublimated and brought into harmony with social institutions and ideals the need for their expression by conversion into symptoms not only ceases to be, but a recurrence of such strivings—in other words, a relapse of the neurosis—becomes highly improbable.

Many of the principles of psychoanalysis are applicable to the daily contact of the general practitioner with his patients. A working knowledge of analysis becomes a valuable asset in dealing with human material as the doctor does. Having an insight into the workings of the mind leads to a sympathetic understanding on the part of the physician and a feeling of confidence on the part of the patient that makes for more speedy and lasting recovery.

A short paper, such as this, can serve only as an introduction, and a very meagre and sketchy one at that. There are many treatises on psychoanalysis that are written especially for the medical man. There are others also written for the layman which contain many practical suggestions. It is the fond hope of the writer that these few lines may stimulate the reader to further consideration and deeper study of a method of psychology that has given a new and encouraging insight into the manifold workings of the human mind.

*Hillcrest Manor Sanitarium,
Asheville, N. C.*

SOME OBSERVATIONS ON LOCAL ANESTHESIA.*

JOHN E. BOYD, M. D.,
Jacksonville, Fla.

The surgical ability to successfully operate under a general anesthetic does not equip that surgeon for scientific survey under local anesthesia. I note this as a common error, and one, in some instances, never corrected.

I wish to refer briefly, but with emphasis, to the necessary instrumental equipment. It took very little experience to satisfy myself that syringes, needles and scalpels found in

*Read before the Forty-ninth Annual Meeting of the Florida Medical Association, at Havana, Cuba, June 27, 28, 1922.

hospitals were totally inadequate to this special surgery. The syringes, due to improper care, were either corroded, leaky or otherwise unfit for service; the needles were rusty, their points dulled from use or careless handling, and the lumen partially or entirely obliterated; the scalpels were simply abominable, certainly not adapted to the clean, smooth division of living tissues on a conscious patient. I began to supply my own equipment. Many different makes and sizes of both syringes and needles were bought and tried out. Today I am using exclusively a 10 c.c. record syringe, which I care for myself. This syringe is ordered sterilized in carbolic-alcohol. If you allow nurses to boil them you will replace many broken glass barrels. The record syringe will stand boiling, but they won't stand for it with the piston in the barrel and they don't take kindly to being dumped into boiling water. In order to avoid these pitfalls of indifference and carelessness, I have stopped the "boiling" mistake, but am candid to say that I prefer sterilization by boiling.

If you put the syringe, separated into its component parts, into cold water or warm water and gradually bring the water to boiling point, there would be no accidents.

As to the proper care, it is only a matter of common sense and time. Dry your syringe carefully and thoroughly, making sure no moisture is left anywhere. The syringe is then put away with the piston out of the barrel. If you have more than one syringe, it is necessary that you know which piston belongs to which barrel. Parts of record syringes are not interchangeable. Nurses do not appreciate this fact at all and I find very few doctors conversant with it—in fact a traveling salesman of long experience had to be shown before he would believe it. This is not a small matter, but is knowledge necessary to competent surgery under local anesthesia. In order to protect against this error I have each part of every syringe marked with a corresponding number. The needles constitute, in my mind, one of the most essential adjuncts to good work. I have

bought and used all kinds of needles, viz: gold alloy, platinum iridium, steel, etc. I have also tried needles of different calibres, various lengths, and different points. At last I have settled down to just two needles. These are made of steel and have the universal taper-cutting point. One is a 26 gauge and $1\frac{1}{4}$ inches long; the other is 22 gauge and 2 inches long. If your needle is free of rust, the lumen free and the point not blunted or broken, the first puncture can be done, in a large majority of cases, without any evidence on the part of a narcotized patient of pain. There is, of course, a nack to this first puncture which is acquired only by experience.

Needles are cutting instruments. It is absolutely necessary to bear this in mind at all times or your patient suffers and you are disgruntled. Needles cannot be resharpened for this work. Once the cutting point is bent, blunted or broken, throw that needle away. Once the slightest rust appears or the lumen is even partially obstructed, throw it away. These needles only cost \$2.50 a dozen and, if needed, you can afford to use a new one for each case. Our rule is that the second any needle loses its high-point efficiency, it is discarded. No chance is taken of getting hold of it again. One needle may go through one or possibly more operations, another one blunts or chokes after a few minutes' use. Skins differ materially and a tough skin blunts the delicate point very quickly.

I have discussed the above in detail—not for the benefit of the surgeon experienced in local anesthesia, but for the man who uses it only occasionally or has, as yet, not used it at all. In fact, this entire discourse is an attempt to benefit the inexperienced man. I have, in my library, many books on this subject, but these facts are not clearly set forth in any one of them. This knowledge has been gathered over a long experience and after many errors.

If a used needle is fit to be held for further work it is first thoroughly dried, then the wire, dipped in 3-in-1 oil, thoroughly oils the lumen.

Each surgeon has his own method of

handling his scalpels. I dry sterilize my scalpel in a test tube and when that knife is once used, it is sent to an instrument company to be resharpened. It is the rule, rather than the exception, to use two and sometimes three scalpels in one operation. A razor-edge scalpel and sharp scissors are absolutely essential to good surgery under local anesthesia.

Keeping needles and syringes together in a compact package promptly became a necessity. I had a box constructed that accommodates four 10 c.c. record syringes and two trays of needles carrying six dozen needles. There is additional space for a six-ounce bottle, an eye cup, a small bottle of oil and one ounce of adrenalin chloride solution. This case is not a necessity, but certainly convenient to a surgeon doing much of this work. I no longer worry over good needles or syringes. The equipment is kept up to standard at all times and it is only necessary when needed to take along a small, compact box in place of several packages.

Every doctor should read Dr. George Crile's *Kinetic Theory of Shock and Anoci-Association*. The subject matter reads like a novel and is saturated with sound sense and helpful hints. Due to various causes over which most of us have no control, very few can equal Dr. Crile in the carrying out of his anociation, but we can at least emulate his example.

The most difficult stumbling block I am forced to contend with is the handling of the patient. In this matter we are dependent on numerous people and the attitude of all or even one of these people can influence a patient unfavorably for a successful operation. The reception at the front door, seeing the patient to bed, taking him to the operating room, the attitude of everybody throughout the operation; a quiet return to bed; cheerful assurance during the aftercare; in all these details is the surgeon largely dependent on the executives and nurses of the institution. It is, I find, an impossibility to obtain uniform team-work in a general hospital. Not with any spirit of criticism, but, as a practical illustration, I will cite you

an example. I have been doing work in a particular hospital a long time. I had discussed this work with the head nurses; also the operating-room nurse. I had given detailed instructions regarding these particular cases. This patient was referred for operation under local. Following my rule I went in and prepared for the operation. You can imagine my surprise when the patient walked into the operating room, laughing and joking with the attending nurse. After the operation, which proved very unsatisfactory, I learned that this man received his morphine and scopolamin while sitting up in a chair reading the morning paper. He was then allowed to parade up and down the hospital corridor in a bath robe and, when called for, walked to the operating room. Of course, no one assumed responsibility, and everybody had an alibi. The result was poor work and an unnecessarily shocked patient. The fact that the operation, in this case, was simple and the shock unnoticeable does not relieve the inexcusable error. At the time morphine and scopolamin is administered, all noise and conversation should cease; the room should be darkened and the patient encouraged to relax. His transportation to the surgery should be quiet and gentle, a cold, wet cloth having been laid over the eyes. The surgery should be orderly and quiet. All nurses, doctors and instruments should be ready. A good rule is "that as long as the patient is in the operating room any necessary talk shall be done by the surgeon only."

A great majority of people with surgical conditions operable under local anesthesia can be successfully so operated with the necessary cooperation. Lack or neglect of such cooperation will cause trouble to the surgeon and needless shock to the patient. There does exist, among a great number, a type which is totally unfitted for this work. In these cases gas analgesia or, if required, a small amount of ether will suffice for the work. While I am guilty at times of not having an anesthetist present, I am convinced it is bad practice. I have seen an individual ordinarily impossible to operate under local

anesthesia receive just enough gas for analgesia and from that time on have the work completed under local without further general anesthesia. The gas mask is kept in position with rebreathing. A competent anesthetist, with a proper understanding and a desire to help, will surprise the surgeon with the small amount of general anesthetic he actually uses. This is simply another one of the many spokes to the wheel. Each spoke is strong or weak, in terms of local anesthesia, according to how much it helps or hinders.

Much has been written about the necessity for sharp instruments, clean dissection and the avoidance of hand surgery and rough manipulation. I refer to it in this paper simply to emphasize it. No rule is perfect, but if at the beginning of the operation under local anesthesia you will take a tissue forcep yourself and hand one to your assistant it will act as a caution to both to keep their hands out. This sounds like a small matter hardly worth the mention, but I assure you this one little point looms up bigger and bigger as I continue to practice it.

Experience has taught me to try and master one method of local anesthesia and in the main stick to it. The simplest is infiltration. As you progress in familiarity with the method you will widen its application. Nerve blocking has its legitimate place and we use it when necessary. When we do use it the book is freely consulted and all measurements carefully made. Most beginners err seriously in a failure to do this for fear of adverse criticism. Most probably the man that would so criticize couldn't do the work at all or would bungle it unmercifully.

There have been times in my experience when I have found it necessary to expose under infiltration the nerve I desired to block. I experienced no shame in this but, instead, had the satisfaction of knowing that I had not only caused no pain in the exposure, but I was sure I had actually injected the nerve. Nerve blocking, if performed with accuracy and dispatch, requires special knowledge and large experience. Even paraneural in-

jections are uncertain in the hands of the average man.

My experience has not lead me to concur with the surgeon who claims that the operative time is no longer under local anesthesia than under general. The first and one of the most difficult things I had to learn in the doing of this work was: "*Take your time.*" The main fact to bear in mind is that time is not an essential factor. However, there are complaints, which are referable to time, and these are the discomforts of the operating table for a necessarily awkward position. The hard operating table is a great bugbear and one I have so far failed to correct. It is quite simple to make a surgical table more comfortable and it's useless for me to waste words in telling you how, but in a general hospital over which I have no personal control I have so far failed in having it done.

Those in charge of the surgery are not, as a rule, enthusiastic about operations under local anesthesia. The little extra service and the quiet incident to this work annoys the average nurse. The easiest way, with the least restrictions and the shortest time, is ordinarily the most attractive method to the large majority. The constant changing of nurses in the surgery is another pitfall. These difficulties can be avoided only when the chief surgical nurse is of a higher and superior type—"the great exception."

The position on the table can be controlled by the surgeon and it is his or his assistant's duty to give it personal supervision. The chest, kidney and throat cases furnish examples of the most difficult ones to make comfortable. Patience and advising with the individual to be operated accomplishes much. During the course of the operation permission for the patient to change his position even slightly is very helpful and does not materially prolong the work.

The operating room, the instruments arranged and covered with a sterile towel, the nurses and doctors scrubbed and gowned should all be accomplished before the patient is brought in. The moving around of tables, the rattling of instruments, the going through

of solutions and the putting on of gloves and gowns is not only hard on the average patient but terrifying to many. If everything and everybody is ready and the surgeon, who already has the confidence of the patient, meets him or her in the surgery with a softly-spoken word of encouragement and the work proceeds in an orderly, quiet way, much has been gained towards a successful completion of the operation. Narcotized patients should not converse and, if the surgeon is tactful, will not, providing the rule obtains that no one speaks after the entrance of the patient except the surgeon.

Much is written about the strength of solutions, the special drug used and the amounts that can be safely injected. I started with novocain. I have never seen any reason for changing. We use a one-half per cent solution almost entirely. At the time of operation, 4 or 5 minims of a 1-1000 adrenalin solution is added to each ounce of the novocain solution. In goitre cases the adrenalin is ordered left off. Adrenalin solution not only diminishes capillary bleeding, but also increases the anesthetic effect of the novocain. In infiltration anesthesia, with this strength solution, we have come to the place where the amount of solution used is no longer worried about. I have never had a patient show the slightest reaction to the drug. I am sure as much as 4 to 6 ounces or more are consumed in many operations. Some solution leaks from the syringe; some of that infiltrated leaks out after the incision. Extended use convinces me that stronger solutions are not required. In addition to the novocain solution we use quinin and urea solution of 1-6 per cent strength. There has been much criticism regarding the use of quinin and urea solution in local anesthesia. It is claimed that necrosis and suppuration presents in a large number of the cases in which it is used. We have found this statement totally unfounded in our experience. Accurate information was kept in nearly two hundred routine cases. Two very fat abdominal walls showed fat necrosis and had to be drained. I have never felt that the

quinin-urea was at all responsible in these two isolated cases when such a large number showed no evidence of trouble. We have always been very careful about two things in its use. (1) The solution is never driven into skin, fascia or muscle. (2) It is always injected at a distance from the incision. Our rule is to inject under the skin only, but in liberal amounts. In exceptional cases we may make a further injection just beneath the fascia. Many, no doubt, will feel that the solution is infiltrated into the fatty layer. This is probably so, and as the fat layer is normally the easiest to break down we should expect trouble. My only answer to this is we don't experience any trouble. If quinin-urea solution is driven into fascia you can look for bad results. My own idea is that as fascia is not expansible the circulation is cut off by the pressure of the solution and pressure necrosis, not chemical injury, results.

We are rather cranky and particular about the preparation of these solutions and in this detail follow closely Dr. Crile's instructions. I feel that this has much to do with the subsequent healing. I realize that the tablets are convenient and in common use. I don't object to their use in certain minor cases, but for extensive work I must admit my prejudice. Ease of preparation opens the door to carelessness.

Right here I wish to mention an interesting phenomena noted by us. For work on fingers we inject around the base of the finger and not at the site of the intended incision. Adrenalin solution is not used. It is the rule to see absolutely no bleeding from the incision for several minutes. The only possible explanation is that the pressure of the fluid temporarily acts as a tourniquet. The circulation is restored in four or five minutes and no harm results. No doubt others have noticed this same thing, but I have never read about it or heard it mentioned. It might unnecessarily disturb the beginner.

Any solution should be injected slowly, but this rule is to be especially observed in the use of quinin-urea. There is a momen-

tary burning pain at the first contact of this solution. If you inject very slowly the average patient will make no complaint and the hypersensitive one only a little. If my patient does complain I make a quiet, and brief explanation, stressing the fact that the pain is only momentary and immediately relieved by the anesthetic solution. This explanation, as a rule, will satisfy the patient and the remainder of the injection can be accomplished without trouble.

When dealing with acute suppurative conditions like boils, abscesses, carbuncles, felons, etc., don't inject any solution into the inflamed area. Surround the inflamed area completely, being especially careful that the deep tissues underneath are freely infiltrated. After this injection, wait at least five to ten minutes before incision. If it's a felon or suppurative process in a finger, simply surround the base of the finger and wait. I promise you that if your infiltration has been properly done the work will prove absolutely painless.

Much of your success will depend on how carefully you make the so-called wheal or skin bleb. I always make this wheal larger than seems necessary. A dime is a good size to picture in your mind. In the ordinary text-book you are told to start your skin wheal and gradually extend it by running the needle along as you inject. I am not going to say that some surgeons cannot do this. I am giving my personal observations and I find that I can do this satisfactorily to myself in only a limited number of cases. As a rule I make the primary wheal, withdraw the needle and reinsert it in the edge of this one in order to continue the line of skin incision. The extra time demanded is not material. The multiple punctures when made with a small needle make no trouble. In attempting to run the needle as you inject it is very easy to get beneath the true skin.

When this happens your patient will most probably suffer pain when the needle is reinserted because the true skin has not been anesthetized the full length of the needle.

Local anesthesia should be a Godsend to the physician practicing in a small place. The necessary equipment is inexpensive and an adequate knowledge is not difficult to acquire. As a matter of fact this paper falls flat if the members present are all versed in this special work. I am endeavoring to set forth in simple detail knowledge which has been acquired after many years of experience. Any book on local anesthesia will give you the main facts, but the man that wrote that book presumed a knowledge of technicalities that the average practitioner does not possess and he is the man I am endeavoring to serve.

Let's stop now and consider the matter briefly from the standpoint of the family physician and more especially of the one that has no specialists at his beck and call. For his equipment we will furnish him with two 10 c.c. record syringes, one dozen each of the needles herein designated, also a moderate amount of ordinary operating instruments. He would keep on hand distilled water, normal salt tablets, novocain, adrenalin-solution, two or three Florintine flasks, a four-ounce bottle and a small medicine glass.

Now let him purchase two books, viz: "Surgical Shock and the Shockless Operation Through Anoci-Association," by Crile and Lower; "Regional Anesthesia," by Sherwood Dunn. There are many books on this subject, but these two stand out prominently because they are small; they contain the nut of the kernel and waste no paper in generalized discussions. For a time he should carry along his books just as he would his instruments and refer to them freely.

This family physician already has his patient's confidence. In this valuable asset he enjoys a marked advantage over the specialist, who often finds himself much handicapped by his brief contact with the individual prior to the operation.

Our family physician is now prepared to apply local anesthesia. I advise him to go slow at first, attempting only the simplest work. Before many months have gone by he will find himself accomplishing much. A general

anesthetic is a reasonably safe procedure in the hands of an expert, but a most dangerous one when administered by the average doctor. There are no expert anesthetists in the small towns; therefore, if the family physician learns to operate his necessary surgery under local anesthesia, he will have eliminated the danger incident to a general anesthetic administered unscientifically. The majority of amputations can be done painlessly by this method. A little patience, morphine repeated as needed, a little skill, at times just a whiff of ether to allay fright, and the trick is done. Lacerations of the scalp and face, emergency skull fractures, the examination and reduction of many fractures and dislocations and numerous other ailments and injuries are all amenable to ordinary skill and the exercise of common sense.

I hope I have helped someone. It is my belief that these meetings should be educational. If one has acquired special knowledge he should select these opportunities to give it to the other fellow. This is the object of my paper. I have not attempted a scientific paper all dolled up for the well-informed surgeon, but have sought to offer some helpful details to the general man. I know this data should prove useful because it has been acquired through many mistakes. There is much for me to learn yet, but the facts here set forth are tried and true, because they have stood the test of time.

BLADDER SYMPTOMS IN WOMEN.*

L. J. EFIRD, M. D.,
Tampa, Fla.

Every woman who comes into our office complaining of bladder trouble or kidney trouble does not necessarily have a nephritis, but 90 per cent of these cases do have a cystitis of some degree.

Women of all ages, from the little girl to the old woman of ninety, have bladder symptoms which make them very uncomfortable. The little girl wets the bed, the old lady

dribbles. The causes for these annoying symptoms are so numerous that it behooves us as conscientious practitioners to look carefully into the symptoms presented and find out the cause for the complaint. I had a little girl at one time, five years old, who could not control her urine; she had an ugly pussy green vaginal discharge; she was excoriated from the discharge and cried from pain at every voiding. She had been treated for over a year by a friend of mine, with internal medication, but he made a mistake; he made no examination other than to examine the urine. A digital examination revealed a green pussy discharge and a piece of calico ten inches long and about half an inch wide pushed well up into the vagina entirely out of sight. This child was well four days later.

I make it a rule to go through a regular routine examination on these patients and I am often very much surprised at what I find. Not a great while ago I was called to see a patient to remove a pelvic tumor. The attending physician had told her she would have to have an operation. We catheterized and removed 72 ounces of urine and, of course, the tumor disappeared. Another case: A young girl of fifteen years, daughter of very prominent people; this child was quite an artist. She had finished with all of the local art teachers and her mother was very anxious that she go to Boston for further study, but she could not go away from home because she wet the bed every night and had done this since she was four years old. She had never been able to even spend the night away from home with her playmates, which she had much desire to do, on account of this bed wetting. She had been treated for about eleven years by different physicians—all of them good men—but not one of them had made any examination except of the urine and throat. She had adenoids and tonsils removed at six, but this had no effect on the bed wetting. I sent her to the hospital, and gave her ether. An examination revealed a most thoroughly buried clitoris under a very long prepuce, with the densest adhesions I have ever seen. The adhesions were broken

*Read before the Forty-ninth Annual Meeting of the Florida Medical Association, at Havana, Cuba, June 27, 28, 1922.

up and practically a circumcision done. This positively cured her trouble and cured it immediately. She did not wet the bed one time after this little operation.

My routine is to first have a careful chemical and microscopical examination made of a mixed specimen of urine. If this specimen is positive for pus cells, red blood cells or anything else materially wrong, then I get a catheterized specimen and this in turn is carefully examined, including a close scrutiny for tuberculosis. I next make a complete physical examination—teeth, throat, glands, chest, heart, blood and blood pressure, kidneys, abdomen and then a complete bimanual and speculum examination of all the pelvic organs. At this time, pus or mucus is massaged out of the urethra and a smear made on one end of the slide; the other end of the slide is used for making a smear from the uterine cervix. These smears are carefully examined for micro-organisms.

In the vaginal examination tears, if any, and the condition of the perineum are noted; the appearance of the urethral opening, the vaginal walls, the glands of the vulva, whether there is any sagging down of the anterior vaginal wall, the amount and character of discharge, the condition of the cervix as to tears, erosions, ulcers, discharge, its color and whether spongy or hard. Next the bladder is palpated—tenderness noted and at what point—any residual urine and what amount, the presence of stones in bladder (stones may sometimes be felt when present), the amount of tenderness by stripping the urethra. I next examine the uterus as to size, position, consistency, tenderness; then I examine first one side and then the other, and note the condition of the tubes, the size, position, and tenderness of the ovaries and look for pelvic exudates. If I am still not satisfied with my findings, I then arrange for the patient to return the next day for a cystoscopic examination which is done under a local anesthetic and at this time I thoroughly investigate the entire inside of the bladder and also catheterize the ureters, if this is indicated, to determine the condition

of each kidney. An X-ray examination is made if renal calculi are suspected.

After completing this examination, I usually have a fair idea of what I have to do for my patient to give her relief and I tell her what my findings are and outline to her the form of treatment indicated. If she has been suffering, or is suffering to any marked extent with frequency, burning and those annoying symptoms which go with a cystitis, I inject, while she is still on the examining table, dram one-half 2 per cent novocain and dram one 10 per cent argyrol into the bladder with a Luer all-glass male urethral syringe and have her retain this for three or four hours. This gives her instant relief, no matter how acute her symptoms are at the time.

Some of the few very unusual conditions we might find and should keep in mind, are: A retention and distension caused by paralysis in locomotor ataxia or lateral sclerosis; pelvic abscess from appendicle abscess, which may be mistaken for enlarged full bladder; tuberculous peritonitis may simulate a full bladder—the fluid gravitating to the pelvis; rupture of the bladder from high degree of retention or from traumatism as may occur in parturition—in the New York Lying-In Hospital rupture of the bladder during parturition has occurred three times in 50,000 cases; perineal or vaginal hernia of the bladder—very rare; urethral hernia of the bladder.

As I stated before, in the greater per cent of these cases giving bladder symptoms, some form of cystitis is present. To have a cystitis it is necessary to have both a predisposing and an active cause. The predisposing causes are certain conditions which tend to produce a congestion as this provides a suitable soil for infection. Congestion of the bladder may be produced by one or more of the following: (1) Rarely, certain internal medicines in too large doses, as cantharides, turpentine, copaiba, sandalwood oil, and alcohol. (2) Local remedies which may have been used—as bichloride of mercury, carbolic acid, nitrate of silver, etc. (3) Traumatism, during parturition, rough in-

strumentation, hot cystoscopic lamp, and crushing of vesical stones. Congestion may also be produced by retention of urine, residual urine, irritation by stone in bladder, tumor of bladder, exposure to cold, wetting or chilling of feet and lower extremities, irritating urine, oxaluria, uricacidemia or ammoniacal fermentation and too frequent or rough sexual intercourse.

Congestion of the bladder may further be caused by any abnormal condition of the abdominal or pelvic tissues coming in contact with the outside of the bladder wall and interfering with its function through pulling, pushing, or pressing upon it. In such cases besides any inflammatory condition which may be present in the adjoining tissues that predisposes to cystitis, the extra work of the bladder wall in its efforts to overcome these interferences, brings an extra amount of blood to the bladder, thus producing congestion. These conditions are: displacements, tumors, or inflammation of the uterus; displacements, tumors or cysts of the ovary; inflammation of the tubes or adhesions of the tubes to the bladder or to the other tissues that drag and hold against the bladder; exudates and collections of blood or pus in front of, behind or on the side of the uterus; adhesions of the omentum or gut to the bladder, etc.

The *active* cause of cystitis is *infection*. The germs producing this infection may be the colon bacillus, staphylococcus, streptococcus, gonococcus, tubercle bacillus, pneumococcus, proteus vulgaris, and the urobacillus liquefacius septicus. The entrance of the infection takes place first, by the descending route from the kidney; second, by the hematogenous route through the circulation; third, by direct propagation up the urethra—the ascending route; and, fourth, by direct entrance from adjacent organs.

I shall not go into the subject of treatment of these cases for, naturally, the treatment indicated will be entirely referable to the disease presenting in each individual case. But, in conclusion, I want to urge that we take more careful personal histories and

make more careful physical examinations when we have patients applying for relief from these annoying and oftentimes serious bladder symptoms.

PROPAGANDA FOR REFORM.

INTRAVENOUS MEDICATION.—There are serious limitations to intravenous medication which are likely to be forgotten or overlooked in the enthusiasm for a promising procedure. They involve both disappointments and dangers. These were reviewed by Carl Voegtlin before the Section on Pharmacology and Therapeutics at the St. Louis session of the American Medical Association. Not the least in importance are the difficulties of technic which form a stumbling block for all too many physicians. Voegtlin pointed out that the chemical composition of the blood and its physicochemical properties, such as osmotic pressure, hydrogen-ion concentration and colloidal state, are maintained with remarkable constancy and appear to be essential to physiologic wellbeing. A sudden change in reaction, the production of precipitates and subsequent thrombosis in vital organs, the overwhelming of sensitive tissues, such as the cardiac and nervous structures, with high concentration of potent drugs, are a few illustrations of the untoward possibilities in a procedure that often means "more haste and less speed." (*Jour. A. M. A.*, Sept. 2, 1922, p. 828.)

MORE MISBRANDED NOSTRUMS.—The following have been the subject of prosecution by the federal authorities, charged with the enforcement of the Food and Drugs Act: Ammonol Tablets (Ammonol Chemical Co.), containing acetanilid, ammonium carbonate, sodium bicarbonate and sodium phosphate. Johnson's Female Regulator (Logan Pharmacal Co. and the France and New York Medicine Co.), consisting of pills containing extracts of vegetable drugs. Fosfo-Ferrogen de Johnson, containing caffenin and compounds of iron, quinin, strychnin, arsenic and calcium. Bick's Nerve Tonic (Palestine Drug Co.), consisting of two

The Journal of The Florida Medical Association

Owned and published by the Florida Medical Association.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at St. Augustine and Jacksonville. Price \$1.50 per year; 15 cents per single number.

Contributions for publication in this journal, whether scientific papers or reports of County Secretaries, should be typewritten.

Address Journal of the Florida Medical Association, St. Augustine, Florida, or 602-603 Consolidated Building, Jacksonville, Fla.

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preparations, one a brown tablet containing phosphorus, phosphates, zinc and iron, and the other a pellet containing phosphate, iron and strychnin. Vitalo (Allan-Pfeiffer Chemical Co.), containing vegetable extractive matter, including damiana, nux vomica, sugar, alcohol and water. (*Jour. A. M. A.*, June 10, 1922, p. 1832.)

THE INTRAVENOUS USE OF ACACIA.—It is now generally accepted that acacia has a limited and uncertain usefulness. The intravenous use of acacia is a recent therapeutic procedure and apparently sufficient time has not elapsed for the thorough appraisal of its use as a therapeutic remedy. Bearing in mind the accidents from the use of acacia that have been reported, the lack of agreement as to its beneficial effects, among surgeons who have tried it, the experimental evidence that has been reported as to its deleterious effects and the paucity of data indicating its clinical usefulness, conservative practitioners will still withhold their verdict. Moreover, the questions of intravenous therapy which are involved in any discussion on the use of acacia in shock, hemorrhage and allied conditions, are an important and serious complicating consideration. (*Jour. A. M. A.*, June 17, 1922, p. 1897.)

HERE AND THERE.

Dr. Frederick Bowen, of Jacksonville, has returned after a vacation of several weeks spent in the Eastern hospitals.

Dr. Wm. B. Keating has located in Key West to engage in practice. He has recently severed his connection with the State Board of Health, having been in charge of Child Welfare work up to the time of retiring from Public Health activities.

Dr. H. H. Harris recently returned to Jacksonville after taking post-graduate work in the East.

Dr. Louis Limbaugh, of Jacksonville, spent a short vacation in Baltimore.

Dr. L. M. Anderson, of Lake City, was a Jacksonville visitor during the month.

X-RAY AND CLINICAL FINDINGS IN NORMAL CHEST.

(Of children, 6 to 10 years.)

NATIONAL TUBERCULOSIS ASSOCIATION
MEDICAL RESEARCH.

The National Tuberculosis Association sometime ago began a new and important phase of its work in an attempt to increase the quantity and character of research work in problems related to its own field in the United States. For this purpose it appropriated \$20,000 and appointed a small committee composed of Dr. Wm. Charles White, Medical Director of the Tuberculosis League of Pittsburgh; Dr. Paul A. Lewis, Director of Laboratories of the Phipps Institute, Philadelphia, and Dr. Allen K. Krause, Director of Kenneth Dows Research Fund, Johns Hopkins Hospital, to expend these funds to the greatest advantage.

This committee decided that the best use of these funds would be in assisting researches already under way that held the greatest promise of increasing the practical knowledge of physicians dealing with tuberculosis. This, they considered, would bring the greatest help to those suffering from tuberculosis and the greatest boon to the public from whom the funds were collected. This plan has been carried out in cooperation with the universities.

One of the researches was an effort to establish the x-ray and clinical findings in the chest of a normal child up to ten years of age. For this problem the National Tuberculosis Association nominated the following groups of roentgenologists and clinicians:

Dr. H. K. Pancoast and Dr. H. R. M. Landis, University of Pennsylvania.

Dr. F. H. Baetjer and Dr. C. R. Austrian, University of Johns Hopkins.

Dr. H. K. Dunham and Dr. K. B. Blackfan, University of Cincinnati.

The signed reports of these physicians is here presented in two sections, with the hope that they may promote a discussion which will be fruitful in establishing the truth in these two fields:

THE X-RAY AND CLINICAL FINDINGS IN THE NORMAL CHEST OF THE CHILD.

Report of the Clinical Division of the Committee on Medical Research of the National Tuberculosis Association.

The value of roentgenography in determining the presence of pulmonary disease has long been recognized. Studies to determine the roentgenograms of various pathological lesions of the lung have been almost without number, yet much difference of opinion exists in the interpretation of findings, largely because no satisfactory observations have been made establishing the variations that may occur in the normal. To one observer, shadows noted are indicative of disease; to another, they are not evidence of a pathological process; to one, they represent lesions of clinical significance; to another, they suggest changes of no moment. The realization of this unsatisfactory state of affairs was widespread, but it remained for the Research Committee of the National Tuberculosis Association seriously to consider it and to set about to correct the shortcomings.

In the spring of 1920, that committee called together the collaborators in this work and instructed them to set about in ways of their own choosing to solve the problem, extended to them a financial grant and, in order that the problem might be a very definite one, asked that the immediate study be limited to a consideration of the chests of normal children between the ages of 6 and 10 years. The work was begun promptly and a preliminary report was made at the annual meeting of the association in May, 1921. The findings at that time were incomplete and because of the then limited observations, no very definite conclusions were drawn. However, the practical need of a solution of the problem was apparent. Study was continued throughout 1921 and the first four months of 1922, and the data independently assembled were jointly discussed to evaluate them. Although each pair of workers carried on its investigations without intergroup consultation, although each approached the subject

from a different angle and when first met held views apparently not altogether in accord, it was agreeable to find that an exchange of conclusions disclosed almost an unanimity of opinion. The findings of these six observers—three clinicians and three roentgenologists—are presented to you for your consideration:

Theoretically, the normal child is one of ideal height, weight and development for his age, without subjective or objective evidences of deformity or of disease and without residual changes due to antecedent pathological processes. Practically, a normal child is one of average height, weight and development for his age, symptom-free and without signs of disease. Each such individual, in more or less relation to his age, will have been ill more or less often and as a consequence may be expected to show variations from the ideal, not because of present disease, but as a result of residual changes that persist. An appreciation of these facts makes it apparent that the findings, clinical and roentgenographic, in normal children as we meet them will vary greatly from any fixed standards and still must be considered as variants of normal.

The clinical data dealt with in this report were obtained by careful examination of apparently healthy children between the ages of 6 and 10 years. All children who showed signs of disease were excluded from the series. Individuals from various strata of society, foreign and native born, residents of urban and of rural communities, school children and children residing in institutions, children exposed to tuberculosis and some without a history of such exposure, children with and without a history of previous infectious diseases, all symptom-free, and of an approximately normal height and weight for their ages, were studied. A history of each individual was recorded and in making the examinations of the chest, care was always observed to have the child relaxed and to see

that no cramped or unnatural posture was assumed, for, as is well known, faulty position may lead to findings that cause confusion in interpretation. In addition, a tuberculin test was made on every child. The clinical data were then assembled and after the roentgenologist had interpreted his plate independently, the clinical and roentgenographic findings were correlated.

In all, over 500 children were thus studied and as a result some definite conclusions seem warranted.

As in the adult, so in the child vocal fremitus is more marked over the right upper chest than over the left.

It is generally stated that the percussion note elicited over the lungs of normal children within the age limits under consideration, is fuller, more tympanitic, of higher pitch and more resilient than that noted over those of adults, and that frequently the tympanitic quality is quite outspoken, especially over the lower lobe of the left lung. Although in general our observations confirmed this view, we have been impressed by the fact that in an appreciable number of such children, the note obtained on percussion over the lungs is indistinguishable in quality from that elicited over the lungs of normal adults and that the usual resilience of the note is lacking. These findings in many instances have an analogue in shadows noted in the x-ray films, shadows indicative of increased density along the bronchial tree, similar to those seen in the plates of normal adults. This correlation of the findings on physical examination and on x-ray study is more constantly possible in studies of the upper half of the chest. When minor changes, similar to those discovered by x-ray examination of the upper lobes, occur in the bases, they usually escape detection on physical examination. In those instances, in which no shadow is found to explain the deviation of the note from the generally accepted one, it is our belief that the lack of resilient quality

may be due to a decreased elasticity of the chest wall.

The so-called tympanic quality of the percussion note over the left base may be increased, decreased or be entirely lacking, depending upon the degree of distention of the stomach or colon, the curvature of the spine, and may likewise vary with the position of the diaphragm or with the posture of the child during the examination. The note over the upper thorax is often the same on the two sides. Kronig's isthmus averages 5 to 6.5 cm. in width. The lower margins of the lungs posteriorly are at the level of the tenth or eleventh rib and descend from 1.5 to 3.5 cm. during forced inspiration.

A just detectible diminution of resonance over the apical regions is of no significance unless associated with a modification of the breath sounds in those areas or with other abnormal auscultatory findings.

It is generally accepted that normally in childhood, the breath sounds have a harsh, sharp character, with expiration longer and better heard than in the normal adult. This so-called puerile breathing is physiological and though it may seem trite, let it be emphasized that this exaggerated vesiculo-bronchial respiratory murmur, especially well heard in the areas overlying the great bronchi (*i. e.*, anteriorly at the level of the first interspace and the second rib just lateral from the sternal margins, and posteriorly, particularly on the right side, at the level of the second to the fourth spine) is often incorrectly interpreted as evidence of pulmonary disease. An auscultatory finding that has not been pointed out, or at least, has not been emphasized, has come forcibly to our attention in carrying out this study. Just as the full, deep note or higher pitch characteristically elicited by percussion of the child's chest is often replaced in health by a note more like that produced when one percusses the normal chest of an adult, so, on auscultation of a child's normal lungs, the exaggerated or puerile breath sounds may be lacking, and instead the so-called vesicular respiratory murmur characteristically present in

adult life is heard. This finding, regarded by us as a physiological variation, has been noted as early as the age of four years and may perhaps occur in younger children. It is more readily appreciated and more often found than the variation in the percussion note just described. In more than 50 per cent of the children in which this type of breathing was heard, examination with the x-ray gave findings like those obtained by a study of normal adult chests. In fact, the agreement of clinician and roentgenologist was so constant that we have come on the basis of these variations to designate the chest of normal children as of "puerile" or of "adult" type. The essential fact to be stressed is that so-called vesicular respiration is heard with great frequency in normal children, and is to be regarded as a variation of normal and not necessarily as an indication of disease.

These variations and those of the percussion note are more generally found in children with a history of infections of the respiratory tract. No satisfactory explanation for this finding is offered. It may be due in part to altered resilience of the chest wall, a suggestion supported by the fact that in some instances in which it was noted, diminished elasticity of the thoracic wall was apparent on percussion. It may stand in relation to variations of elasticity of the parenchyma of the lung. It may be due to a relative narrowing of the lumen of the bronchial tree. It is hardly to be considered evidence of increased density of respiratory tissue, for, theoretically, at least, that should lead to a modification towards bronchial breathing.

Concerning the whispered voice sounds, little comment needs to be made other than to emphasize their loud transmission often with syllabation over the region of the major bronchi. Auscultation of these sounds over the upper thoracic spine of the children has led to the conclusion that D'Espine's sign as indicative of enlarged tracheobronchial lymph nodes is, to say the least, of doubtful value. In twenty-three of the children, this

sign was elicited without other signs of a mediastinal mass and without any corroborative evidence on x-ray examination. In three, the sign could not be elicited, although from the x-ray plate it might have been inferred that it should be. Eustace-Smith's sign is so generally present in normal children that it is of little or no practical diagnostic worth. The presence of these two signs together with impairment of resonance in the interscapular region is all too frequently made the premises for a diagnosis of tuberculosis of tracheobronchial lymph nodes. This is unwarranted for, as indicated, these signs are unreliable evidence of a pathological condition and the determination of a diminution of resonance in the interscapular region requires such a nicety of technic that even masters of percussion disagree as to the presence or absence of significant findings in this region of the chest.

A year ago, in the preliminary communication to this Society, we stressed the importance of the role that antecedent infections might play in the production of areas of increased density within the respiratory tract. (Bronchial tree, parenchyma of the lungs, etc.) This fact is reemphasized, for further study has established the importance of it. Not only may recognized or remembered infections of the bronchi and lungs be responsible for alteration in these tissues, but other diseases not ordinarily considered of significance in this regard may be causal of such changes. For example, our observations indicate that after measles, pertussis or tonsillar infections, areas of increased density radiating from the hilum into the bases especially, occur with great frequency. Such lesions generally are not discoverable on physical examination and would be unsuspected but for the use of the x-ray. They are referred to in the clinical part of our joint report in order to point out the need of a careful history as well as examination in all individuals, before proceeding finally to interpret the findings of the roentgenologist. By way of digression, it may be interesting

to point out the fact that though measles and pertussis have been known to produce lesions in the upper air passages, involvement of the lower tract has been considered a complication and was thought to occur only when evidence of bronchitis or of broncho-pneumonia were discovered. Our observations indicate that there may be a mild inflammatory process throughout the respiratory passages in a large percentage of the so-called uncomplicated cases of these diseases. This suggestion warrants further study in relation not only to the infections under consideration but also other infectious diseases. That such shadows, mediastinal and basal, noted in children who give a history of uncomplicated measles and pertussis are evidence of healed processes is evidence by the experience that similar shadows of like origin have remained unchanged and without the development of clinical symptoms in a series of children observed from 3 to 5 years. Such changes must be properly evaluated as indices, not of present disease, but of lesions past and healed, not as warrant for the diagnosis of present illness and the institution of treatment, but as scars of infections met and overcome.

Most of the children included in this study were tested with tuberculin—some were given a cutaneous test with old tuberculin (Pirquet)—others were tested by the intracutaneous method (Craig).

The foregoing facts have been detailed at some length to establish the major thesis that, clinically, the ideal, normal child is a hypothetical impossibility. Children, apparently healthy, symptom-free and active, show on careful examination many deviations from fixed standards, variations that must be interpreted as within physiological limits; standards of height and weight must be elastic; measures of resonance and of resilience of the chest must not be rigid and estimates of acoustic phenomena must permit of a range of difference from the ideal. These facts, clinical experience establishes beyond peradventure, and they suggest a corollary,

namely, that x-ray examination of the chest of such children may be expected to show comparable deviations from a fixed ideal roentgenogram.

The studies reported, fortified by past experience, warrant the following conclusions:

(1) The data obtained on percussion and auscultation of the lungs of normal children show wide variations from a fixed standard. These variations are usual and are considered to be within normal limits.

(2) Inasmuch as the changes referred to are dependent often upon alterations that persist as the residual of past infections of the respiratory tract, it is obvious that a careful anamnesis, with special reference to all infections, is necessary if diagnostic errors are to be avoided. Even a history carefully taken is often unreliable, as minimal infections are soon forgotten by many and among the unintelligent classes even more significant indispositions are not readily recalled.

(3) Failure properly to evaluate these deviations from a fixed standard will often lead to the unwarranted diagnosis of disease and to even less justifiable treatment.

(4) With a proper appreciation of the widest variations that the normal may present from the ideal, the informed clinician is better able correctly to understand the findings of the roentgenologist, and each, co-operating with the other, is less liable to error.

(5) D'Espine's sign as indicative of enlarged tracheobronchial lymph nodes is of little value.

(6) Recognition of and familiarity with the foregoing data is of cardinal and practical importance to every patient, potential and established. Without a proper appreciation of the facts set forth, no intelligent differentiation between a normal and an abnormal respiratory tract can be made.

In brief, to establish the presence or absence of disease, it is imperative that all data—clinical, laboratory and roentgenographic—must be evaluated and correlated

and that no one fraction of the evidence be stressed to the exclusion of the others.

(Signed) C. R. AUSTRIAN,
H. R. M. LANDIS,
KENNETH D. BLACKFAN.

May 6, 1922.

THE X-RAY AND CLINICAL FINDINGS IN THE NORMAL CHEST OF THE CHILD.

Report of the X-Ray Division of the Com- mittee on Medical Research of the Na- tional Tuberculosis Association.

It is generally conceded that one of the most important factors in accurate interpretation of the appearance of morbid processes in the roentgenogram of the thorax is a thorough familiarity with the normal and variations therefrom within normal limits. With a full realization of this in view the National Tuberculosis Association in 1920 appointed a committee comprising three roentgenologists and three internists to make a study of the normal chest of the child between the ages of six and ten years. This group was instructed to work in cooperation and to make a report of their investigations before the Association when their studies were completed and their conclusions reached. The members selected for the committee were Dr. H. Kennon Dunham, of Cincinnati; Dr. Frederick H. Baetjer, of Baltimore, and Dr. Henry K. Pancoast, of Philadelphia, to act in the capacity of roentgenologists and to work in cooperation with the respective internists in the same cities, Dr. Kenneth Blackfan, Dr. Charles R. Austrian and Dr. H. R. M. Landis. Each group of two was to work independently until a satisfactory number of individuals were examined and the entire committee was then to meet and draw their conclusions for presentation. It was to be the duty of the internist in each group by careful clinical study to select as nearly normal children as possible for examination by the roentgenologist. The entire procedure was to be carried out with strict cooperation between the two members of each group.

It was soon realized by the x-ray members of the groups that an attempt to describe a

normal chest was practically impossible. Their endeavors soon began to centre around the description of a theoretical normal with wide variations that would serve as a basis for the interpretation of abnormal appearances and tend to preclude the possibility of erroneous diagnoses being based upon faulty interpretations of hilum shadows, trunk shadows and linear markings more or less altered in appearance by the frequent respiratory infections of children. They realized that herein had existed the greatest source of error in interpretation, and no doubt the Association had this same thought in mind when the committee was appointed to take up these investigations. Errors in interpretation have been made chiefly in connection with the diagnosis of pulmonary tuberculosis.

It was the consensus of opinion that children are probably more apt to show definite x-ray evidences in the hilum and trunk shadows of simple as well as serious respiratory infections than adults. Practically all children of the ages of those examined have had at one time or another one or more respiratory infections, especially measles and whooping cough, that are likely to produce very apparent changes in the shadows mentioned and which will remain distinctly visible for a variable period of time. These apparent deviations from the normal are not necessarily abnormal when observed, but may be the harmless results of one or more infections. No doubt such appearances have many times been misinterpreted as evidences of tuberculosis. In the conclusions reached by the committee the attempt has been made to preclude this possibility.

Many of the general observations made have not been included in the conclusions. One of those perhaps worth mentioning is the fact that the heart of the child is found to extend relatively farther to the right than in the adult.

The thoroughness with which the studies were carried out may be in part realized from the number of individuals examined. Over five hundred children were selected

from all strata of life, as stated in the clinical report of the committee.

The groups comprising the committee met at the Phipps Institute, Philadelphia, March 3, 1922. Prior to this meeting there were misgivings as to the possibility of an agreement upon any very definite conclusions, but much to the satisfaction of all the members a definite agreement was reached and the conclusions were completed after a few hours' careful deliberation.

Conclusions of the X-Ray Division of the Committee.

THE NORMAL CHEST.—The normal chest of the child from the roentgenologic standpoint is subject to such wide variations within normal limits as to be beyond the possibility of exact description.

HILUM SHADOW.—The conglomerate shadow commonly called the hilum shadow, when found lying entirely within the inner third or zone of the lung area can be disregarded (or regarded as normal), except where it is made up of a solid mass of homogeneous shadow giving undoubted evidence that it represents a growth or mediastinal pleurisy.

CALCIFIED NODES.—Calcified nodes at the root of the lung, without evidence of lung disease, are of no significance except as a possible evidence of some healed inflammatory condition, possibly but not necessarily tuberculosis. They are a common finding in normal chests.

DENSITY AND THICKNESS OF TRUNK SHADOWS.—In the normal lung the bronchial trunk shadows are not visible in the extreme apical regions. For convenience of description the remainder of the lung is divided into three vertical zones, extending outward from the lateral border of the spinal shadow to the lateral chest border.

The inner zone contains the root shadows.

The mid zone contains the trunk shadows, gradually fading out into their final subdivisions.

The peripheral zone contains radiating lines from these and fading off before the periphery is reached.

Where in the mid zone or peripheral zone, these shadows do not disappear in the characteristic fashion described, the appearance may be evidence of a variety of conditions, past or present, of an inflammatory nature or otherwise. It may accompany a tuberculous process but is not necessarily indicative of tuberculosis.

IMPROPER OR MISLEADING TERMS.—The use of the terms “peribronchial tuberculosis” and “parenchyma tuberculosis” is not to be recommended in the interpretation of roentgenograms of the chest. Until corroborated by laboratory or clinical findings, the use of the terms “active” and “quiescent” should not be definitely applied to evident lesions demonstrated on plates.

(Signed) HENRY K. PANCOAST,
KENNON DUNHAM,

May 6, 1922. F. H. BAETJER.

PUBLISHER'S NOTES

IMMUNIZATION AGAINST DIPHTHERIA.

In reference to diphtheria, as has long been the case in the control of smallpox, the medical profession is demonstrating that its function is not alone the treatment of disease, but its prevention. For diphtheria can be prevented, just as smallpox is—and by the same means, vaccination. There are minor differences, but the principle of immunization is the same. Natural immunity to diphtheria is largely a matter of age; it is a children's disease, though not all adults are exempt. Protect the children, and you protect the community. This is done, in a measure, by the use of antitoxin, but not completely. Why should the child be allowed to take any chances at all? No one can foretell the virulence of a diphtheritic attack, and in waiting for development a case of “sore throat” may turn out to be malignant diphtheria challenging even heroic doses of antitoxin to subdue it, or ending the life of the patient through delay and temporizing treatment.

Why not prevent all this when it can be

prevented by the systematic application of the toxin-antitoxin mixture known as diphtheria prophylactic? Every physician should take an interest in this subject, we believe, and extend, so far as his influence goes, the protective barricade against the spread of diphtheria.

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NEW AND NONOFFICIAL REMEDIES.

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TUBERCULIN OINTMENT FOR THE MORO TEST.—A preparation of tuberculin-Koch (see New and Nonofficial Remedies, 1922, p. 293) marketed in collapsible tubes containing 2 gm. of an ointment consisting of 50 per cent of tuberculin-Koch and 50 per cent of anhydrous wool fat. Parke, Davis and Co., Detroit. (*Jour. A. M. A.*, Sept. 9, 1922, p. 897.)

ANTIGONOCOCCIC SERUM (See New and Nonofficial Remedies, 1922, p. 285).—Also marketed in bulbs, containing 12 c.c. Parke, Davis & Co., Detroit.

NOVOCAIN AND L-SUPRARENIN TABLETS "H."—Each tablet contains novocain 0.06 gm. (1 grain) and suprarenin synthetic 0.00006 gm. (1-1000 grain). For a discussion of the actions, uses and dosage of procaine, see New and Nonofficial Remedies, 1922, p. 36. H. A. Metz Laboratories, Inc., New York. (*Jour. A. M. A.*, Sept. 23, 1922, p. 1049.)

TUBERCULIN (OLD) AND CONTROL FOR THE PIRQUET TEST.—A preparation of

tuberculin-Koch (see New and Nonofficial Remedies, 1922, p. 293) marketed in packages containing three sealed glass tubes of tuberculin, each tube containing tuberculin sufficient for one test and three tubes of control material. Parke, Davis and Co.

ANTITETANIC SERUM (See New and Nonofficial Remedies, 1922, p. 282).—Also marketed in piston syringe containers, containing, respectively, 3,000, 5,000 and 10,000 units. Parke, Davis & Co., Detroit.

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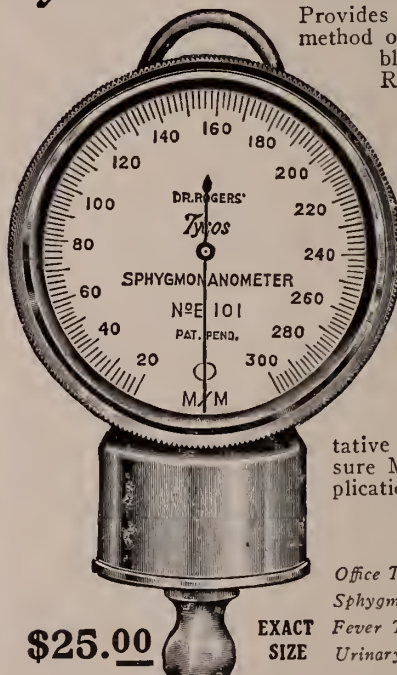
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THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION

PUBLISHED MONTHLY

Volume IX

St. Augustine and Jacksonville, Florida, October, 1922

Number 4

ORIGINAL ARTICLES

THE AIMS OF THE GASTRO-ENTEROLOGIST.*

E. B. MILAM, M. D.

Jacksonville, Fla.

I have undertaken this attempt to outline briefly the aims of the internist who directs his efforts chiefly toward gastrointestinal disturbances with a realization that many of the diagnostic and therapeutic expedients have been only recently introduced and perfected, and are, hence, subject to some discussion as to their relative efficacy in comparison with the old-established methods. It is well to bear in mind, when the temptation is to be hypercritical, that some of the most obscure conditions found in the entire field of medicine are those involving the gastrointestinal tract or its tributaries, and that, therefore, every effort directed toward facilitating correct diagnosis and proper therapy in a field containing such a vast number of chronic and stubborn conditions should be accorded the support it merits.

This applies particularly to work on gastric, pancreatic and gall-bladder pathology, wherein Friedenwald, Rehfuess, Lyon, Einhorn and others have achieved such marked success. After all, results are the essence of all effort, and methods become of secondary importance. The results published by these men, covering long series of cases, are the common property of the profession, and a few remarks concerning them will presently be in order. This paper will be confined to the viewpoint of the internist, but at the outset full acknowledgment is made of the great part that surgery plays in the treatment of gastrointestinal disorders.

A great military strategist once stated that his army fought and traveled on its stomach, or words to that effect. He was but reiterating what had been sensed by even the ancients, that the gastrointestinal tract, with its ramified physiologic functions of digestion and assimilation, is the direct and immediate index of the efficiency of the human organism as a whole. Over the other vital organs and viscera we exercise only a minimum degree of voluntary power for use and abuse, but into the stomach we voluntarily pour every conceivable concoction purporting to be food, with no thought of the abuses and indignities heaped upon it, until we are brought to a halt by a complete revolt on the part of the organ, and proper function is with difficulty and sometimes never completely restored. This is the reason the numerous digestive disturbances without marked organic lesions so constantly present themselves to the physician, and in this class of so-called dyspeptics the gastroenterologist finds a large per cent of his most stubborn cases.

Broadly, we may regard the gastrointestinal disturbances as those due to dietetic digressions chiefly, and those of an organic and functional nature where dietetics play a lesser part. Treatment, as we will see, depends upon carefully ascertaining the cause; obviously, therapy directed toward a chronic gastric catarrh will not go far toward correcting a condition where chronic appendicitis or cholecystitis prove to be the underlying condition. In the dietetic disturbances, however, where the involvement is primarily gastric, an absolute control of food-intake is of fundamental importance. Here our concrete problem is that of exercising daily control over what has been considered the divine privilege of every human being, that of forcing into his stomach anything that

*Read before the forty-ninth annual meeting of the Florida Medical Association, held at Havana, Cuba, June 27-28, 1922.

his desires and appetite may will. The task is far from an easy one.

The anatomy and physiology of the gastrointestinal tract are familiar to you all, and it is not in the scope of this paper to discuss them. Digestion begins in the mouth with the secretion of the ptyalin ferments, and assimilation is completed in the intestinal tract. Between the oral cavity and the colon, extremely important functions are performed, and selective duties of the secretions with their ferments are most highly developed. When these functions are disturbed, pathology from the most insignificant to the most profound may result. To the lot of the gastroenterologist often falls the diagnosis of more or less obscure conditions that have eventually involved the entire human organism, and his searches are necessarily meticulous, with observation over considerable periods of time often being essential.

The first and very important diagnostic expedient at his command is a careful and painstaking history. This is often the deciding factor in a correct diagnosis. As usual in history taking, discernment of the salient points and rejection of the superfluous is of the greatest value. Carefully recorded histories are essential in the involvements under discussion, because so great a majority of them are chronic and require protracted treatment. A systematic record of histories, besides being of great value in diagnosis and treatment, facilitates future classification of the types of cases. In histories we elicit many questions not ordinarily relevant and obviously of importance. No little skill is often necessary to obtain a clear and concise history of a disturbance of digestion which has possibly extended over a period of years. Pain is the chief feature of the train of symptoms causing the patient with gastric or intestinal involvement to finally seek his physician. I say "finally" because there is but one other type of involvement in which nostrums, quackery, and self-treatment are more persistently used than in the one in question.

The relation of this pain, which usually

brings the patient to his physician, to the different periods of digestive function is very important. Its relation to the intake of food, whether at a definite period before or after, whether constant, whether following undue mental strain or unusual emotion, whether or not relieved by food, and the many other related facts must be carefully elicited. On the other hand, a nausea and vomiting not associated with pain, coming at frequent or irregular intervals, may be the only symptom given by the patient, until careful questioning elicits the obscure but relevant facts. Whatever may be the immediate reason for seeking his physician's aid, the patient usually has allowed his condition to become chronic, and this fact emphasizes the necessity of scrupulous history-taking and careful examination.

Examination of the patient, aside from a usual routine, is confined to that of the oral cavity, the abdomen as a whole, and the gastrointestinal tract in particular. Inspection of the mouth is most important. Many gastric involvements may begin in the mouth or throat, and a bad breath may often be traced to a gastric disorder. Dry throat is a common complaint with true gastric conditions. Inspection of the abdomen is necessary, as are palpation, percussion and auscultation. All have their points of informative value if properly used.

Ewald, and the others who came after him, have given us the clues to systematic study of gastric secretion and function by the chemical and microscopic examination of the stomach contents taken at a variety of periods. We are enabled by the improved methods of gastric analysis, combined with autopsy findings, to visualize conditions of the stomach in a manner impossible not so many decades ago. Still later came to our aid the Roentgen ray as a diagnostic expedient, and its findings, taken with the clinical, often form unquestionable evidence of conditions that at the outset appear most obscure.

The stomach, being the chief organ of that group whose function is the conversion of

food into vital tissue matter, is of special interest to the gastroenterologist. Beaumont, in 1825, laid the cornerstone of scientific research in gastric pathology, but this science remained quiescent until Kussmaul, in 1867, methodically applied the stomach-pump in the treatment of dilation of the organ. A few years later real progress developed when Leube began to use the stomach-pump for diagnostic purposes. Ewald, Boas, Reichmann, and others then instituted extensive studies of the gastric functions in health and disease. While these men were working in Europe, much activity developed in this country. Among the older writers, Austin Flint, Delafield, Osler, Pepper and others contributed largely to our clinical knowledge of this branch of medicine. Investigation was carried still further by Stockton, Kinncutt, Allen, Jones, Stewart, and others. Profound study of gastric affections resulted, functions became understood, and more successful therapy resulted, first by diet, second by lavage, spray, and electricity, and lastly, by surgical procedures. Recently, work on the stomach and duodenum, with particular attention to gall-bladder and pancreatic involvement, by such investigators as the afore-mentioned Rehfuess, Einhorn, Friedenwald, the Sippys and others have added much to gastric pathology. So now the knowledge of this branch of medicine has become the common property of most practitioners, and as a result therefrom, suffering humanity has derived much benefit.

Under organic diseases of the stomach we find *acute* gastritis of the catarrhal, suppurative, infectious, and toxic types; *chronic* gastritis of simple, hypertrophic, and atrophic types; we find gastric carcinomata, gastric and duodenal ulcer, gastric sarcomata, benign tumors of the stomach, infectious granulomata, and congenital defects. Here also are the conditions resulting from diseases of other organs. The stomach may be acutely involved in such conditions as intestinal indigestion, chronic appendicitis, enteritis, peritonitis, cholangitis, cholecystitis, cholelithiasis and acute yellow atrophy of

the liver. Hepatitis, pancreatic disorders, renal disturbances, diseases of the heart, anemias, lukemias, urticaria, and many others may present themselves as the cause. In all of these latter conditions it is, of course, essential to discern the primary cause of the gastric involvement, as local treatment without so doing is obviously only palliative at best. In the primary conditions, rest, care in diet, electricity, and in many selected cases jejunal alimentation gives very good results. In the cancers, sarcomata, benign tumors, strictures, and certain ulcerations, surgery is of course the indicated treatment.

Of the functional disturbances which are legion, we find the common ones to be those of secretion — hypersecretion, hyperacidity, hypoacidity, anacidity, and that borderline condition, achylia gastrica. Disturbances of sensation are also numerous, such as hyperesthesia gastrica, gastralgia nervosa, nervous dyspepsia, bulimia, parorexia (perversion of appetite), polyphagia (excessive amounts of food necessary to satisfy hunger), sitophobia (dread of eating), and many others. Disturbances of motility are also many, here we find atonic estasia, cardiospasm, pylorospasm, nervous hypermotility, acute post-operative dilation of the stomach, regurgitation, nervous vomiting, etc.

Treatment of these functional conditions is predicated on correct diagnosis. If the condition is primary, local treatment is in order, in conjunction with correction of general habits, hygiene, diet, electrotherapy, etc. If the condition is secondary to some involvement outside the gastrointestinal tract, temporary relief only can be offered by local treatment; the true cause must be found and removed if relief is to be permanent.

Among the agencies at our command for the treatment of gastrointestinal disorders, dietetics plays a most important role. It is not in the scope of this paper to give a detailed discussion of diet, but one point I wish to emphasize: persons with disturbances of the stomach have to replace for their existence *no smaller losses* than those

under normal physiologic conditions, hence they need just as large amounts and the same kind of food as is needed in the normal individual. The *form* of the food, its manner of administration, the methods of sparing the diseased organ, and the strengthening of it by the methodical adaptation for more work are the problems to be met by the therapist in this class of work. Divergent courses are adopted in the treatment of acute diseases of the organ and of the chronic ones, and every case is necessarily treated as an entity, no set rules or diet being possible of use in the same manner in all cases.

In the functional disturbances of the stomach, we use local treatment such as lavage, gastric douche, gastric spray, and electrotherapy. It was long ago experimentally proven that the galvanic and faradic currents, applied directly to the stomach wall, increase or decrease motility and secretion. Erb, Bardet, Stockton and more recently Bassler, Einhorn and others demonstrated the usefulness of direct galvanization and faradization of the stomach. Direct faradization increases gastric secretion, while direct galvanization, with the negative pole in the stomach, decreases secretion. Both types of current cause contractions and increase the absorbant faculties of the organ. Hence, electrotherapy is a potent agent in the field of chronic, nonmalignant diseases of the stomach. Direct gastrofaradization is almost a sovereign means for combating severe and most obstinate gastralgias, even when due to old ulcer cicatrices.

Turning to gastric ulcers for a moment: The Von Ziemssen-Leube rest cure, consisting of milk diet and rest of the organ over varying periods of time, has been modified recently. Allow me to cite a series of cases of gastric ulcer. It is obvious that here the essential of treatment from a nonsurgical standpoint is reducing to an absolute minimum the gastric functions of secretion, motility, and absorption. In other words, the ideal is placing the organ at complete physiologic rest. This is exactly what is accomplished by duodenal alimentation. While

in New York, I ran a series of twenty-five cases of gastric ulcer in which the history, thread test, clinical and laboratory findings were all positive for ulcer. The duodenal tube was passed into the duodenum and feedings instituted every two hours, eight feedings a day. The standard diet of milk, seven to eight ounces, one raw egg, and one tablespoonful of lactose was given at each feeding, varied somewhat in the different individuals. Food was given at blood temperature and injected very slowly. Adequate nutrition was indefinitely maintained, body weight not only remaining as high as, but in some cases showing a gain over, the normal. In one-half of the cases the positive thread test for blood became negative within the usual two weeks, there was no return of symptoms in the one year the patients were under observation, and a cure was evident. In one of Dr. Einhorn's cases, a perforation of the stomach, where the extremely weakened condition of the patient did not admit of operation, duodenal alimentation as a sole measure accomplished a cure. Surgical interference where possible is of course indicated in such cases as the last described, and I mention it only to demonstrate what alimentation accomplished in an unusual case. In conjunction with the above treatment of ulcers, nutritive enemata find a valuable place. One that I often use consists of one-half pint of milk, fifty grams of grape-sugar, and two raw eggs, thoroughly mixed and given four times daily after cleansing of the lower colon.

The duodenal tube has rendered further signal service in diagnosis and treatment of involvements of the bile tract. The work of Friedenwald, Rehfuess, Lyon, Einhorn and others is familiar to you. While engaged with Dr. Einhorn in the work, I carried out a series of tests on pathological and normal conditions of the gall bladder and bile passages which have convinced me that the tube has here opened up a vast field of research for the internist interested in this branch of medicine. My series covered fifty cases of cholecystitis, cholelithiasis, cholangitis,

and so-called catarrhal jaundice. Cases of gallstones were of course referred to the surgeon, but in cases of mucus obstruction of the bile passages, chronic cholecystitis and catarrhal jaundice without evidence of stones, the instillation of magnesium-sulphate gave results that placed the efficacy of the method beyond doubt. In many of the cases of bile-passage obstruction of unknown cause, large mucus plugs would be ejected following the instillation of the salt, the bile being found to contain, besides the mucus, desquamated epithelium, pus, debris, cholesterin crystals, and sometimes blood. I repeat that this line of endeavor is only at its inception. Many of the phenomena are not clearly understood, but the opportunities offered by the method in question are manifold, and certainly engage the interest of the earnest thinker.

We further use the tube, besides in gall-bladder and hepatic drainage, and ulcer; for alimentation in functional gastric neuroses, in duodenal feeding of pernicious vomitings of pregnancy, in vomiting from unknown nervous and reflex causes, in the introduction directly into the intestinal tract of vermicides and taeniafuges, to pass nourishment directly into the intestinal tract in other cases where for any reason gastric rest is desired, and in the treatment of Renaud's disease by introducing daily large quantities of Ringer's solution directly into the jejunum. The uses of the tube are, therefore, seen to be manifold.

Time does not permit discussion of the numerous disturbances of the intestinal tract, but, just as in gastric pathology, their recognition as being primary or secondary in character is the essential factor in their treatment.

So we may state the aims of the gastro-enterologist to be a desire to promote correct diagnosis and treatment of gastric and alimentary involvements; to direct a concentrated effort in this direction not possible for the busy, general practitioner; to place at the surgeon's disposal expedients which may be of assistance in recognising obscure surgi-

cal conditions; to promote a rational treatment of a type of cases too often accepted as unsatisfactory, and for which it is supposed little or nothing can be done, and, lastly, to be an aid to humanity who deserves an honest effort on the part of the physician and surgeon to relieve suffering which too often has been neglected and allowed to become chronic.

The writer acknowledges that there is nothing new or original in this perhaps elementary paper, but believes that gastrointestinal disturbances from all causes are so numerous, and often so obscure, that any discussion tending to keep the importance of their early recognition and rational treatment before the profession is justifiable.

SOME METHODS OF DELIVERY OF OCCIPUT POSTERIOR.

By E. W. AYERS, M. D.*

Coconut Grove, Florida

The object of this paper is to point out some of the objections to various methods of procedure when confronted by a presentation in which the occiput is posterior, and includes all the six recognized posterior occipital positions by whatever name they are known, with special reference to the occiput as the presenting part, when posteriorly placed, and to invite attention to a method that seems to me to be free from the objections mentioned.

The diagnosis is assumed, for a description of which reference is made to the standard textbooks. Suffice it to say that a definite diagnosis must be worked out before a decision as to methods of delivery can be made.

With definite ideas of the condition present, and good judgment as to the time for active interference, we are in a position to assist a physiological process to a successful conclusion in a manner to conserve the resistance of the mother and her child. Be it understood that whatever we may do must

*Read before the forty-ninth annual meeting of The Florida Medical Association, held at Havana, Cuba, June 27-28, 1922.

be done for the purpose of avoiding injury and shock as far as possible.

It is estimated the presenting part is the vertex in from 93 to 95 per cent of cases. Of this group the occiput is placed posteriorly in about 5 per cent of the whole number.

The older writers described at great length the mechanism by which the occiput in the posterior position rotates to the front by means of the great force of the expulsive contractions, or, *vis a tergo*, being guided by the planes and curves of the pelvic canal. In some cases the descent of the occiput is retarded by local condition and the anteriorly placed chin, receiving the force from above, is delivered first, when the occiput will soon follow, delivery being completed without further difficulty. Sometimes rotation fails to occur according to schedule and the perineum suffers serious damage. In either event the labor is bound to be prolonged beyond a reasonable time, endangering, somewhat, the life of the child, and exhausting the reserve of the mother. It is desirable to employ some means by which the resistance of both mother and child may be conserved without adding an element of danger that will overbalance the good accomplished.

However, many cases are seen for the first time some hours after the beginning of labor. When the face position is present and impaction has become fixed, in either the face or occiput as the presenting part, delivery will usually have to be completed as best it may. If possible to avoid this condition, it should be done.

It would seem to be most reasonable to rotate the fetus from the posterior position to the anterior position.

Dr. J. W. Ballantyne reports one case in the Antenatal Clinic of the Edinburgh Royal Maternity Hospital which was rotated by external manipulation one month before delivery, the corrected position being maintained throughout the remainder of the gestation period. This should most certainly be done when it is possible to secure an antenatal diagnosis and the conditions

are favorable to correcting the position at this time. Most happy should be the obstetrician who has such opportunities. It is a plan all should attempt when feasible. The case assumed in this discussion is the very ordinary set of circumstances in which the physician is called after labor is well established, this call often being the first information he has had that his patient needs the services of an obstetrician at all. He must start his procedures where he finds his patient, and often do many things he would not do from choice, and it will often happen that the methods I am criticising unfavorably will be the only way he can bring his patient out of her difficulties. All honor to the physician who, in an emergency, has the judgment to see that a method of procedure that is, fundamentally, not a good one, is the only thing he can do under circumstances for which he is not responsible, and has the courage to pursue such a plan to a successful termination.

One method taught is to apply forceps and deliver in the posterior position. This saves time and, perhaps shock, but is very apt to tear the perineum. While it is sometimes the best plan, in the majority of instances a better way should be found.

A method almost universally taught by writers is to perform internal podalic version, and extract by traction upon the pedal extremity, one or both feet having been grasped as found more convenient. This seems to be a reasonable procedure and should afford a safe termination. It is very successful in the hands of surgeons whose frequent employment of this operation enables them to become expert in the necessary technique.

In the hands of the physician who sees such cases now and then, when distance makes the calling of an expert assistant impossible, serious trouble is quite likely to be encountered when the time arrives for the delivery of the after-coming head. If the perineum chances to be extremely rigid, the sphincter vaginæ will oftentimes contract upon the neck of the child at a moment when time

is of very great value, especially to the child, already exhausted by a prolonged and difficult journey, and in poor condition to withstand continued and severe pressure upon the umbilical cord.

Thus, after subjecting the mother to the dangers of internal podalic version, there is a strong possibility of rupturing the perineum by attempting rapid extraction of the after-coming head, sometimes with forceps, and grave danger of losing the life of the child.

Some have advised application of the forceps and rotation of the head with the instrument. This procedure should be adopted very cautiously, if at all, and very carefully executed. The dangers to the maternal soft parts seem too obvious to enumerate. Other writers recommend manual rotation of the head and tell us that the shoulders will follow, as they will quite likely do if the position of the head be maintained and other conditions are favorable. Rotating the head subjects the neck to a twist of nearly, and sometimes more than, a half circle, which is dangerous to the child, and involves loss of too much valuable time for the mother.

Dr. de Lee, of Chicago, expresses himself very sharply against rotation with forceps, and suggests the advisability of rotating the head and back to the proper position under deep anesthesia, and grasping the scalp with a vulsellum while the head is held until it descends a sufficient distance. In his writings to which I have had access the method of rotation is not mentioned.

The method that has best served the present speaker was devised by himself at the bedside, in country practice many years ago. He found the older methods unsatisfactory, and something more efficient was very much needed. If this method of procedure was originated by me I do not know it. I do know that I never heard of it before. The plan has been successful in a sufficient number of cases to justify its continued use. So, I pass it along for what it is worth. Only once has it failed, which was

in a primipara, with a deformed pelvis, several hours in labor when I arrived. Fortunately, the child was small, which permitted successful delivery with forceps, with only slight damage to the perineum.

The procedure to which I wish to invite the attention of the members of this association is carried out in the following manner:

The case is conducted in the earlier stages in the same manner as if the termination were to be accomplished by podalic version.

The hand of the surgeon opposite to the side of pelvis toward which the occiput points posteriorly, is introduced into the pelvic canal until the fetal occiput rests in the palm thereof, the mother being under deep anesthesia. With the hand in this position, the axilla pointing anteriorly is reached with the index and second fingers. Assisting the maneuver with the other hand in a manner similar to the combined internal and external podalic version, the posterior plane of the fetus is rotated forward, the head and shoulders together, as one mass. The rotation being completed, the occiput is firmly grasped and as much traction as is possible applied, which assists in bringing the head down into the pelvic cavity and flexes it upon the chest, thus changing the original faulty position into the more usual one that is easily handled. As soon as a few contractions have advanced the head a little farther, the forceps are applied, if necessary, and delivery completed with a reasonable prospect of avoiding perineal damage.

This seems to me to be the most rational procedure in the majority of cases of occiput posterior. Other methods failed sometimes. This never has failed, with the one exception noted. I have never lost a baby when this method of procedure has been followed.

LOCAL ANESTHESIA APPLIED TO RAILWAY SURGERY.*

JOHN E. BOYD, M. D.,
Jacksonville, Fla.

Railway surgeons have always been encouraged in the mental attitude that railway surgery is a specialty of its own. Having

been, in my surgical experience, called on to handle railroad injuries, injuries in private cases, sawmill injuries, war injuries and other similar surgical cases, I am convinced that railway surgery does not demand any specialized knowledge that is unfamiliar to the trained general surgeon.

Basing this paper on the above stated position, I shall endeavor to offer some suggestions regarding the use of local anesthesia in railway or, as I prefer to regard it, traumatic surgery.

The very first thing that occurs to me as deserving of stress is, "traumatized patients are, as a rule, badly shocked individuals." In operating on such a case one of the most important considerations for the surgeon is to accomplish the necessary surgery with a minimum amount of additional shock. The ability to dispense with a general anesthetic and, at the same time, not only create no additional pain but relieve the pain already present, offers the hurt man or woman a better chance for his or her life and also tends to a less stormy post-operative progress. Local anesthesia is the answer.

The minor injuries constitute the largest share of the railway surgeon's attention. Of these minor injuries hands and feet predominate. As I grow older in experience I amputate a smaller number of crushed and lacerated fingers and toes; in fact, my rule is to emerse the injured part in 50 per cent tinct. iodine, apply a dry sterile dressing and wait. The trimming of dead tissue is, as a rule, done later. The proportion of apparently hopelessly crushed fingers and toes saved increases as my experience grows. At this place I take the opportunity to state it is a mistake to sew up the lacerations in these cases. This mistake is the rule and a mistake that is not confined to young practitioners. The lacerated and contused tissues need free drainage. This drainage has already been provided by the open wounds. It now seems not only strange to me, but a serious error,

to block drainage, invite pressure necrosis and encourage pent-up infection by stitching up the broken skin in an endeavor simply to be doing something. Thousands of useful fingers are being sacrificed in this way yearly. If amputation should later become necessary in these cases, local anesthesia offers an efficient and absolutely painless method of operating.

What about incised and lacerated wounds of various parts of the head, face, trunk and limbs? If these injuries actually demand more than a sterile dressing and a strapping with adhesive you will first have the injured party lie down. Administer morphine immediately. Make your preparations for the work at hand carefully and thoroughly. The need for great haste exists, as a rule, only in the imagination of the layman and on the part of the doctor is a grand-stand play that most often leads to irremedial harm. The surgeon must have enough stamina to resist the importunities of the attending friends. The courage to put aside the temptation to impress the onlooker is a valuable asset. Having made all necessary preparations the doctor can now infiltrate the area around the wound and do this surgery in comfort to himself and without pain or shock to the patient. I have no apologies to make in stating that these traumatized cases do not, as a rule, receive a sufficient amount of morphine. I do not advise one large dose, but smaller doses repeated at fifteen to thirty-minute intervals until full effect has been attained. Never before have I been so thoroughly convinced of the above statement as since my service in the late war.

In the closure of these wounds I am not an absolute convert to the far-famed "debridement" of the French. I exercise my judgment in each individual case. But whether I practice "debridement" or not, I never fail to provide, in some manner, for drainage. The extent of the contusion to the adjacent tissue is something we can not see, but it is nearly always present in these traumatic wounds. In the resulting inflammatory reaction, serum is bound to be poured out in

*Read before the third annual meeting of the Florida Railway Surgeons Association on board the S.S. Cuba en route to Havana, Cuba, June 26, 1922.

larger or smaller quantities. If you fail to provide for its escape it will tend to create trouble from both the pressure it exerts and also from spreading possible retained infective bacteria. In the infiltration of the anesthetic solution the most common error, and one invariably made by the inexperienced, is the injecting of the solution too close to the wound. Another equally common mistake is not using enough solution. A one-half per cent novocain solution is strong enough for this branch of surgery. The addition, at the time of using the solution, of 4 or 5 minims of a 1 to 1000 adrenalin solution increases the anesthetic effect of the novocain and materially controls bleeding. Right here I wish to especially caution you against adding adrenalin to your solution *except* at the time you are ready to use it. If you inject the solution in close proximity to the wound you will fail to obtain as complete anesthesia and you also will add pressure to tissues already under stress. I have repeatedly injected four ounces and more of a one-half per cent solution without the slightest trouble. Better to inject too much than the slightest bit too little.

What about severely crushed extremities that require amputation of a foot, leg, hand or arm? If it is the hand or arm, even to a shoulder-joint disarticulation, it is my conviction that the amputation is best done under a local anesthetic, especially in subjects with smaller or medium-sized limbs. I have no rule, but I can easily conceive of a powerful man with large muscles on whom I would not care to attempt an amputation at the shoulder, or even in the upper third of the arm, without at least some general anesthetic. In such cases gas-oxygen will help out and in some be a necessity; in fact, I would not undertake any major amputation without having a competent anesthetist present. I have accomplished several amputations above the knee under local, and one of these was a high upper third. In amputations below the knee and the elbow there should be no excuse for general anesthesia

except in very rare types. I desire to emphasize what I mean by "rare type."

There are quite a number of individuals that would be terrorized if you told them you intended cutting off their arm or leg without giving them something to go to sleep. This is not what I mean by "rare type." If these frightened, nervous people are properly handled you can amputate under local without trouble. In the first place I do not discuss amputation with the patient. I obtain consent to examine and do whatever is necessary. Morphine is given immediately and repeated for full effect. While waiting on the morphia everything is gotten in readiness. This preparation is made entirely out of sight and hearing of the injured party. A cold cloth is placed over the eyes and the patient reassured either by myself or the anesthetist who should be conversant with the work in hand. No one else is allowed to talk to the patient. When everything is ready I probably say to the patient: "I am now going to examine your leg, or arm, as is the case, but I shall not hurt you, because I am going to inject a solution to numb the pain. During the examination should you feel the least pain, just tell me and I will stop it with the solution." As a rule that is all needed to reassure the hurt person. I now go ahead quietly and proceed with the amputation. Frequently before the completion of the operation the patient will drop off to sleep from the narcotic. The "rare type" I refer to in this paper is the great exception that is not actually controlled by morphine, reassurance or the deadening of the pain. He or she screams or jumps if you touch him and we know that local anesthesia does not obtund touch sensation. This is the patient that will require a general anesthetic.

Your fractures and dislocations can also, in the greater part, be handled with a local anesthetic. Quenu's method is described as follows: "Inject in the vicinity of the fracture the solution so that the bone ends are bathed with it. The muscles will relax and you may proceed. For dislocations the injection is made into the synovial sac, then

about the dislocated articulation and the insertion of the muscles surrounding it." The procedure is simple and without danger.

Skull fractures present the most favorable injuries for operation under local. All that is required is a thorough infiltration into the skin and beneath it of an area entirely surrounding the site of operation.

Chest injuries requiring surgical interference hardly admit of any discussion. The majority of all operations on the thorax and its enclosed viscera are today being performed with a local anesthetic. This is due not only to the ease of the operation, but to the added danger of a general anesthetic in these cases.

Traumatic injuries of the abdomen, if there has been damage to the enclosed viscera, should have the care of an experienced abdominal surgeon. If this surgeon is really trained in the use of local anesthesia, he can prove invaluable to such a traumatized patient by adding as minimum amount of shock as possible to that already present from the injury. The abdomen can be easily and painlessly opened under local. Now, if an extensive exploration is required, nitrous oxide-oxygen is given and, if indicated, also ether. Just as soon as the work in the abdomen is completed, all general anesthetic is discontinued. The patient, narcotized by morphine and the nociceptors in the abdominal wall blocked by the local anesthetic, will respond to a general anesthetic more promptly, requires less for relaxation during operation, and the length of time gas or ether is required is materially reduced by the opening and closing of the abdominal wall under local. Some of these abdominal cases can be successfully handled without *any* general anesthesia. You should not have a rule. Experience and the requirements of the patient should be your guide.

In closing this paper I shall restate the position taken by me in the opening paragraph. "Railway or traumatic cases are, as a rule, badly shocked individuals. Anything that prevents or diminishes additional shock incident to necessary surgery gives such in-

jured party a better chance for life and tends to a calmer and smoother post-operative convalescence." Local anesthesia is the answer.

BODILY MECHANICS.*

L. F. CARLETON, M. D.,

Tampa, Fla.

Some one may wonder what relation body mechanics bears to railroad surgery, but if he only stops to think of the many puzzles one is caused to face, he will at once realize that many vague symptoms which are attributed by the patient to be a result of injury, and which financially involve suit for damages, may be due entirely to faulty posture and not a pathological condition as a result of injury, and he will also see the importance of careful consideration of the case from every conceivable angle.

It is true, however, that malingerers are on the whole a most unsatisfactory class of people to deal with, and I will admit that occasionally it is hard to make a correct differential diagnosis because so often no pathological lesion is present. Yet with our present diagnostic equipment one is able to rule out anything else and, if no more, sift down one of two things and by a process of elimination arrive at a satisfactory conclusion.

In recent years the subject of body mechanics has been quite an important one and is going to demand more attention in the future than it has in the past. This paper might be termed one on posture, but when one realizes that poor posture is only a sequela of faulty body mechanics, he at once sees that this would be a misnomer.

For the past few years our attention has been directed towards the dentist in caring for the teeth, the nose and throat specialist in caring for the nose, throat and accessory sinuses, but the time is coming when the entire body survey with regard to posture is going to reveal much that the general practitioner has failed to see and in which the skill of the dentist and nose and throat specialist

*Read before the third annual meeting of the Florida Railway Surgeons Association on board the S.S. Cuba en route to Havana, Cuba, June 26, 1922.

has been of little help in clearing up. There are many vital organs in our body machine which lie below the collar bone and which demand careful consideration.

One must be able to understand what is good and what is faulty body mechanics before he can provide suitable education. Anatomists say that normal human beings have fairly wide variations from one another, and we see many of these variations, namely, one tall and slender cannot get fat it matters not what he does, while another is short and stocky and increases in weight it matters not what he does. These two show marked physical differences, but both are normal.

In order to form an opinion as to what forms a perfect mechanical body one must have a mental picture of the body, its correct anatomical structures, and the changes which take place in a given change of position. Take the spine for instance; the vertebræ have an equal muscle balance, a poor posture throws these muscles off balance and thus the force is placed on certain groups of muscles producing muscle-strain and back-ache. The same applies to the chest; when the head is thrown forward, shoulders rounded, the anterior rib space is narrowed and the abdomen is prominent in the form of pot-belly.

The fundamental principle which is involved in the mechanics of the body is that the use of the body in faulty mechanical alignment is always a potential of trouble. It is true, however, that those with good body mechanics are not immune to disease, but the percentage of disease among them runs much lower than those with faulty body mechanics. Those with faulty body mechanics without symptoms may have compensated for their defects as a heart compensates for its pathological lesion, and the compensation extends throughout life without their being conscious of any defect.

It has been found that body mechanics plays an important part in the nutrition of children. Children with faulty body mechanics become more easily fatigued, are more nervous and easily excited, appetite

more variable, with attacks of nausea and vomiting, and loss of appetite, vasomotor collapse and more or less obstinate constipation. In them the physical examination is negative.

Since 1914 a physical examination of all applicants to Harvard has been made. The orthopedic examination with special reference to posture was begun in 1917. The ages of applicants ran between 16 and 22 years. It was found that the normal standing attitude was modified by age, sex, race, fashion and occupation.

There is quite a varied opinion as to what constitutes the correct posture line, but the one most generally adopted is a line drawn from the anterior ear through the shoulder, midtrochanter to the midfoot. The most frequent position encountered is forward head, round shoulders, drooping chest and relaxed abdomen. Applicants are graded in four classes, A, being the ones whose posture coincides more nearly with that line determined above; B, those with one deviation; C, those with two, and D, with all. The percentage found on examination was as follows: A, 6.7 per cent; B, 12.1 per cent; C, 55.4 per cent, and D, 25.9 per cent. Eighty per cent fell in C and D, while only 20 per cent were in A and B. After attempt at correct posture 63 per cent showed a posture which, as judged by any standard, was distinctly faulty and which seemed according to these studies to have a potential of ill health.

In order to find out the relation between the posture and general medical conditions of the individual, fifty different groupings of the medical findings were made. These findings represent only the abnormal ones on further examination. Of this number, 33 occurred in A, 38 in B, 42 in C, and 44 in D. This indicates that those with a more faulty posture are more prone to sickness.

Backache, not supposed to be in men of this age, showed: A and B, none; C, 6.3 per cent; D, 8.87 per cent. This was backache due to strain from poor posture.

Albuminuria showed: A, 2 per cent; B, 1.1 per cent; C, 3.4 per cent, and D, 6.2 per

cent. This is in line with the work that has been done on that condition called orthostatic albuminuria.

Constipation: This is difficult because college men pay little attention to regularity. However, A showed 1.2 per cent; B, 3.3 per cent; C, 7.2, and D, 11.4 per cent.

Cardiac conditions were mostly functional in 4.7 per cent. Among the others: A, 4 per cent; B, 5.5 per cent; C, 3.4 per cent; D, 7.2 per cent.

Appendicitis: Nine and five-tenths per cent have been operated. Of this number: A, showed 6 per cent; B, 7.7 per cent; C, 9.9 per cent, and D, 10.8 per cent.

It is interesting in summing up these to find that seven times as many men in C and D complained of backache as in A and B. Three times as many complained of albuminuria and one and a half times as many had appendicitis.

Oftimes statistics are misleading, but when we see a potential of ill health with a higher percentage of disease shown in every instance, as stated above, and when we realize that faulty posture occurs in 80 to 90 per cent of individuals, an education should be advocated in schools for the production of correct body mechanics, just the same as other public health measures are advocated.

In conclusion, we believe that in correcting faulty body mechanics we are going far towards improving general health conditions. We do not go so far as to say this will alleviate disease, but this correction is one of the ways to help nature compensate for the defects which may be present from heredity, environment and occupation.

PROPAGANDA FOR REFORM.

LEACH CANCER CURE.—The Indianapolis Cancer Hospital is conducted by C. C. Root and C. A. McNeill. This was formerly called the "Parkview Sanatorium" and later the "Leach Sanatorium." This business was started by Leon T. Leach, mainly as a mail-order "cure" for cancer. When Leach's business was declared a fraud and debarred from the mails, the name was changed to

"Leach Sanatorium." Later the name was changed to its present style and McNeill became president and Charles C. Root, treasurer. As the list of those claimed to have been successfully treated by Root and McNeill appeared in Leach's old testimonials, one is justified in assuming that Root and McNeill use the Leach Method. At the time the federal authorities interfered with Leach's business, an analysis was made by the government chemists of the "cure." In effect, the report was:

"CANCEROL BLOOD RENOVATOR. — This preparation was labeled in part: A compound of Essential Oils for the treatment of Malignant Diseases. Predigested Oils for internal administration. The federal chemist reported that the stuff contained 10 per cent of alcohol, a little more than 16 per cent of total solids, almost wholly sugars, no alkaloids and no oils. It has an odor resembling sarsaparilla and senega. It was not a 'compound of essential oils,' neither were there any 'predigested oils' present.

"CANCEROL.—This was nothing but cottonseed oil.

"SPECIAL GERM KILLER AND DISINFECTANT.—This was a disinfectant of the creosol type and was to be used by diluting one teaspoonful in three pints of hot water. Bacteriologic tests showed that the solution, when diluted as prescribed, has little if any germicidal value.

"PILLS.—These were colored red and sugar-coated; they were found to consist essentially of baking soda, iron (ferrous), sulphate, a small amount of red pepper and glucose.

"The above comprised the 'treatment' for 'internal' cancer; for 'external' cancer the victims received the Cancerol Blood Renovator and the Pills as described above and, in addition:

"NIGHT OIL.—This, like 'Cancerol,' was found to be a small bottle of cottonseed oil.

"DAY OIL.—This was a half-ounce bottle of ichthyol.

"PRESCRIPTION 16. — Found to be an alcoholic preparation containing opium.

"HEALING SALVE.—This, according to the federal chemists, was vaseline in which were incorporated boracic acid and bismuth salts.

"DE VIT-OL.—This was a caustic paste—invariably used by the 'cancer cure' quacks—and contained 34 per cent of arsenic."

INTRODUCING A NEW DRUG.—To what extent are the claims made for a new drug tintured by commercial consideration, even though put out as the result of investigations carried out by the scientific staff of a firm of standing? And even if the drug is the result of studies carried out by investigators who have no commercial connection there is the question: To what degree has the investigator's enthusiasm tintured his judgment? An increasing number of physicians abstain from the use of a new drug, until its acceptance for New and Nonofficial Remedies gives assurance that it is worthy of trial. What seems to be an almost ideal method of introducing a new drug has been followed in the case of "Flumerin," the name given to the disodium salt of hydroxy-mercuri-fluorescein. This drug has been elaborated by White, Hill, Moore and Young of Johns Hopkins. These men have declared the composition of the drug, have reported animal experiments of promise, and have demonstrated its efficiency in clinical trials. The investigators announce, however, that the drug will not be commercially available unless independent clinical study confirms their favorable finding that the drug is of value in the treatment of syphilis. That syphilologists may feel warranted to make such trials, Dr. White and his collaborators requested the Council on Pharmacy and Chemistry to examine the evidence for the preparation. This, the Council did, and it has published a preliminary report, stating that the drug is suitable for clinical trial in selected cases. If Flumerin becomes an addition to our materia medica, it will be as the result of the orderly procedure: (1) demonstration of its chemical identity and uniformity; (2) animal experiments which give promise of therapeutic value; (3) clinical trials under the auspices of the discoverers

and (4) confirmation of its therapeutic worth by independent clinical investigations. (*Jour. A. M. A.*, Sept. 30, 1922, p. 1149.)

ANGOSTURA BITTERS.—Newspaper advertisements for Angostura Bitters state that Dr. W. C. Wile, formerly vice-president of the American Medical Association, testified that he used the preparation in his practice. Dr. Wile was fourth vice-president thirty-six years ago. Dr. Wile was in the nostrum business himself and wrote many testimonials. The attitude of the American medical profession toward such activities as those credited to Dr. Wile is entirely different today from that of thirty-six years ago. According to the label, Angostura Bitters is made from pure rum, containing about 45 per cent of alcohol. (*Jour. A. M. A.*, Sept. 23, 1922, p. 106.)

GRAHAM'S NEUTROIDS.—This alleged cure for obesity is put out by one R. Lincoln Graham, M. D., New York City. Graham claims to be head of "the famous Graham Sanitarium" of New York City, where, it is said, a new method has been discovered by which the obese, though gluttonous and lazy, may reduce without abandoning either gluttony or laziness! Graham declares that his nostrum contains "no thyroid extract, no free iodids—or harmful drugs of any kind." However, the A. M. A. Chemical Laboratory found Graham's Neutroids tablets to contain impure iodol, 50 per cent; magnesium carbonate, 43 per cent; starch, 4 per cent; talc, 3 per cent, and iron, a trace. Iodol is tetra-iodo-pyrrol which contains nearly 89 per cent of iodine. It was formerly described in the U. S. Pharmacopeia. Iodol is distinctly poisonous. Even when it is applied externally, poisoning may occur. (*Jour. A. M. A.*, Sept. 30, 1922, p. 1136.)

SOME ANALYSES FROM NEW HAMPSHIRE.—A recent "Food and Drug Inspection Number" of the "Bulletins of the New Hampshire State Board of Health" contains the following information in regard to the composition of nostrums: Potion Antilaitteuse (N. A. Sirois) consisted of a mixture of Epsom salt and powdered juniper berries.

Chipwa Indian Root Blood Purifier (Lucy Royer) consisted of Epsom salt and two or three simple herbs, such as mandrake, spikenard and sarsaparilla. Best Catarrh Remedy (Lucy Royer) consisted of a dilution of tannic acid in glycerin. Nervtone Tablets (A. F. Schambier) contained arsenic and strychnin. Angiolymphe du D'Rous (L'Angiolymphe Laboratory, Dr. P. Roux, Angiers, France).—A tuberculosis cure containing 1.5 per cent solution in water of what is almost wholly sugar, with the possibility of the presence of a small amount of some glucosid. Noonan's Hair Petrole (T. Noonan and Sons Co.) contained 17.02 per cent of alcohol, salicylic acid and about 12 per cent of alcohol, salicylic acid and borax. A La Corbeille Fleurie Eau de Quinine Compound Hair Tonic (Ed. Pinaud) contained 65.75 per cent of alcohol and a small amount of quinin. Parker's Hair Balsam (Hiscox Chemical Works) was a strong solution of lead acetate with sulphur. Hay's Hair Health (Philo-Hay Specialties Co.) was a solution of lead acetate with sulphur. Dr. Durand's Acme Hair Rejuvenator (Parisian Hair and Corset Stores) was a solution of lead acetate with sulphur. La Toilette Francaise (Elite Restorer Co.) contained 1.66 per cent of alcohol, and was an ammonical solution of silver nitrate. Inecto-Rapid Gray Hair Remedy (Inecto, Inc.) was a hair dye of the two-solution preparations type, having hydrogen peroxid as one solution and paraphenylendiamin for the other. Gillespie Scalp Investigator (Gillespie Mfg. Co.) contained 20.88 per cent of alcohol, together with glycerin, borax and red pepper. Westphal's Auxiliator (Paul Westphal) contained 43 per cent of alcohol, glycerin and borax. Woodbury's Combination Hair Tonic (John H. Woodbury) contained 26.59 per cent of alcohol, with resorcin. Mme. Fried's Henna (Mme. Fried) consisted of henna or a similar herb with considerable copper and iron salts. Farr's Gray Hair Restorer No. 1 (Brookline Chemical Co.) contained an ammonical solution of silver nitrate. Wyeth's Sage and Sulphur Compound (Wyeth

Chemical Co., Inc.) was found to be a solution of lead acetate with sulphur. Ess-Tee-Dee (Smith T. Dustin) was found to be a solution of arsenic with borax. Victor's Antiseptic Liquid Shampoo (T. Noonan and Sons Co.) was found to be essentially a solution of soap. Danderine (Knowlton Danderine Co.) was found to contain 8.77 per cent of alcohol, together with salicylic acid and borax. Flora de Lille Complexion Preparation (Flora de Lille Co.) was found to be a suspension of bismuth subcarbonate and calcium carbonate with borax. Champlin's Liquid Pearl (Champlin Mfg. Co.) contained 2.35 per cent of alcohol and was a suspension of bismuth subcarbonate and calcium carbonate. Cooper's Complexion Beautifier (Cooper and Co.) was a suspension of bismuth subcarbonate and calcium carbonate. Pompeian Hair Massage (Pompeian Mfg. Co.) contained 15.03 per cent of alcohol, with arsenic, borax, quinin and capsicum. (*Jour. A. M. A.*, Sept. 16, 1922, p. 985.)

FLUMERIN.—The Council on Pharmacy and Chemistry has published a preliminary report of Flumerin, the disodium salt of hydroxy-mercuri-fluorescein. A report on "Flumerin—A New Mercurial for the Intravenous Treatment of Syphilis," was read before the Section on Dermatology at the 1922 meeting of the American Medical Association by Edwin C. White, J. H. Hill, Joseph E. Moore and Hugh H. Young. The authors requested the Council to consider Flumerin with a view to its eventual admission to New and Nonofficial Remedies. The Council examined the evidence presented in the report of Dr. White and his collaborators and agreed with the authors that "the number of cases treated is sufficient to demonstrate that this mercurial is of value, but is too small to permit the allocation of the drug to a definite place in the therapy of syphilis." The American Medical Association's chemical laboratory examined the new drug and the tests and standards proposed for its control and reported to the Council that the chemical data appeared satisfactory. The Council reports that the acceptance of Flumerin for

New and Nonofficial Remedies must await confirmatory clinical evidence; but because of the fact that Flumerin is a definite chemical substance and because of the evidence in the paper, a trial of it in selected cases may be warranted. (*Jour. A. M. A.*, Sept. 9, 1922, p. 897.)

TETHELIN FAILS.—In 1916, T. Brailsford Robertson isolated from the anterior lobe of the pituitary glands of cattle, a substance to which he gave the name of tethelin, and which he regarded as the active growth-controlling principle. Tethelin was hailed as a product capable of accelerating the healing of wounds and promoting recovery after inanition. Now a report has been published of feeding experiments carried out at the Institute of Physiology in University College, London, which failed to point to any influence by the oral administration of the anterior lobe substance on the growth of animals. When the manufacture of tethelin was taken up in 1918 by a pharmaceutical firm, the Council on Pharmacy and Chemistry considered the product. It was found that there was no adequate evidence for its value as a therapeutic agent, and hence the Council postponed definite action on the product until definite evidence had been obtained. Now, however, in part because of the unfavorable report of the English investigation, the Council has concluded the consideration of tethelin and declared it inadmissible to New and Nonofficial Remedies. (*Jour. A. M. A.*, Sept. 16, 1922, p. 972.)

YEAST PREPARATIONS AND VITAMIN-B CONCENTRATES.—The Council on Pharmacy and Chemistry has adopted the following principles as a guide in the consideration of yeast preparations and vitamin B concentrates for New and Nonofficial Remedies: First, the claim that deficiency of vitamin B and diseases resulting therefrom are common conditions in the United States is not at this time warranted; second, the claim that yeast preparations or extracts are, in principle or in general, essentially more effective or more practical or a more available means of administering vitamins than the com-

monly available vitamin-containing foods is not at this time supported by adequate acceptable evidence; third, the claim that therapy with yeast or yeast preparations has as yet more than an experimental status is not at this time supported by adequate acceptable evidence. (*Jour. A. M. A.*, April 15, 1922, p. 1146.)

NEPHRITIN, PEPTENZYME, TROPHONINE AND PANCROBILIN.—Sometimes the results of the application of the esthetic arts to commercial interests is incongruous. A house organ uses the names of famous writers, presumably to attract attention. Thus: It is suggested that if the physicians to Montaigne, who died of nephritis, had known of "Nephritin," they would have been able to furnish him with "substantial, constructive help"—a statement which may be more readily accepted by litterateurs than by pathologists. Since all of us cannot live the simple life recommended by Joaquin Miller, as a means of avoiding indigestion, it is inferred that we must depend on Peptenzyme. It is related that Thomas Hood passed away in spite of soups and other nourishing food prepared for him by his wife. "Therefore," says the advertiser, "use Trophonine and live." "Like Victor Hugo," proclaims the advertiser, "millions today are eating the unknown and are paying the toll in constipation." He further asserts, "From whatever cause it originates * * * Pancrobilin is always indicated." Alas, Nephritin, Peptenzyme, Trophonine and Pancrobilin cannot avail Montaigne, Miller, Hood or Hugo now. (*Jour. A. M. A.*, April 1, 1922, p. 971.)

MORE MISBRANDED NOSTRUMS.—The following proprietary preparations have been the subject of prosecution by the federal authorities charged with the enforcement of the food and drugs act:

Banes' Female Pills (Dr. A. V. Banes Medicine Co.), consisting essentially of compounds of calcium, magnesium and iron, and mercury, capsicum, sugar and aloes. (*Jour. A. M. A.*, April 15, 1922, p. 1146.)

Paulette's Brand Tansy Tablets (Fay & Youngs Rubber Corp.), claimed to be the most reliable tablets known for the suppression of the menstrual function.

Le Sieur's Syrup of Tar and Cod Liver Extract (Ocean Mills Co.), containing chloroform, menthol, oil of tar, ammonium salts, sugar, water and a small quantity of alcohol. (*Jour. A. M. A.*, April 22, 1922, p. 1218.)

VITA ZEST NOT ADMITTED TO N. N. R.—The Council on Pharmacy and Chemistry reports that Vita Zest (Vita Zest Co., Inc., New York City), comes in the form of capsules and is stated to be composed of 83 1-3 per cent of "highly concentrated vitamin extracts (fat soluble A, water soluble B and water soluble C)". The amount of material in each capsule is not declared, nor is any information offered to show that the amount (or potency) of the three vitamins said to be contained in the vitamin extract is determined or controlled. Even if it were shown that the product contains appreciable amounts of vitamins, the claims advanced for it are such that most enthusiastic advocates of the administration of vitamin would scoff at them. The Council declared Vita Zest inadmissible to New and Nonofficial Remedies because (1) its composition is indefinite; (2) it is exploited under unwarranted therapeutic claims and in a manner which tends to its indiscriminate use, and (3) because the name suggests its haphazard use as a general tonic. (*Jour. A. M. A.*, June 17, 1922, p. 1912.)

MORE MISBRANDED NOSTRUMS.—The following products have been the subject of prosecution by the federal authorities charged with the enforcement of the Food and Drugs Act: East India Capsules (Hollander-Koshland Co.), containing sulphurated vegetable oil, copaiba and oils of cinnamon and santal, and claimed to be an effective treatment for gonorrhea. Zerbst's Cough Sirup (The Zerbst Pharmaceutical Co.), a sirupy liquid containing alcohol, water, sugar, chloroform, licorice and other

plant principles, and small amounts of tartar emetic, morphin, hyoscyamin and a magnesium salt. Cummings' Pill-Mass (F. P. Cummings Co.), containing copaiba, volatile oils, vegetable extractives and a salicylic acid compound, and represented as a remedy for gonorrhea, gleet, etc. Craemer's Calculus Corrective (Wm. Craemer Medicine Co.), an alkaline, watery solution, composed essentially of potassium, sodium, ammonium, phosphate, chlorid, citrate, salicylate and a small amount of saccharin, and represented as a remedy for gallstones, stones in the kidneys, etc. Salax Compound (Salax Water Co.), consisting chiefly of a mixture of sodium sulphate, baking soda, sodium acid phosphate, with smaller amounts of common salt and washing soda. It was falsely claimed to be derived from Salax water, a mineral water at Excelsior Springs. K K K So So Se (K K K Medicine Co.), a dark-brown water-alcohol solution, consisting chiefly of sugar and glucose with a small amount of creosote, methyl salicylate, red pepper, oil of sassafras and plant principles. K K K Pectus Balm (K K K Medicine Co.), a water-alcohol solution consisting chiefly of sugar, small amounts of ammonium chlorid, benzoic acid, tartar emetic, saccharin, bitter plant principles, traces of camphor and oils of anise and eucalyptol. K K K Tonic (K K K Medicine Co.), a water-alcohol solution containing sugar, small amounts of emodin-bearing (laxative) drugs, bitter plant extractives, pepsin and traces of cinchona alkaloids, hydrochloric acid and oils of cloves and cassia. K K K Laxative Perio (K K K Medicine Co.), a watery-alcohol solution of sugar, sodium phosphate, laxative drugs and small amounts of plant principles, saccharin and oils of orange and anise. Paradise Oil (California Good Health Co.), consisting of a combination of sulphurated linseed oil and turpentine. Tarina Carbolized Salve (California Good Health Co.), composed essentially of petrolatum with small amounts of phenol and oil of tar. (*Jour. A. M. A.*, June 17, 1922, p. 1912.)

The Journal of The Florida Medical Association

Owned and published by the Florida Medical Association.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at St. Augustine and Jacksonville. Price \$1.50 per year; 15 cents per single number.

Contributions for publication in this journal, whether scientific papers or reports of County Secretaries, should be typewritten.

Address Journal of the Florida Medical Association, St. Augustine, Florida, or 602-603 Consolidated Building, Jacksonville, Fla.

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NEW AND NONOFFICIAL REMEDIES.

AMPULES RADIUM CHLORIDE, 2 Cc.—(United States Radium Corp.) Radium element, 5 micrograms. For a discussion of the actions, uses and dosage of radium, see New and Nonofficial Remedies, 1922, p. 232. United States Radium Corporation (formerly Radio Chemical Corp.), New York. (See New and Nonofficial Remedies, 1922, p. 261.)

AMPULES RADIUM CHLORIDE, 2 Cc.—(United States Radium Corp.) Radium element, 25 micrograms. United States Radium Corporation, New York. (*Jour. A. M. A.*, Sept. 23, 1922, p. 1049.)

AMPULES RADIUM CHLORIDE, 2 Cc.—(United States Radium Corp.) Radium element, 10 micrograms. Radium Chemical Corporation, New York.

ADRENALIN TABLETS No. 2.—Each contains adrenalin (see New and Nonofficial Remedies, 1922, p. 109), 0.00033 gm. (1-200 grain), as borate, yielding a 1:1000 solution when dissolved in 5 minims of water. Parke, Davis and Co., Detroit.

HYPODERMIC TABLETS ADRENALIN AND COCAIN Rx B. (CYLINDRICAL).—Each contains cocaine hydrochlorid, 0.005 gm. (1-12 grain), and adrenalin (see New and Nonofficial Remedies, 1922, p. 109), 0.00005 gm. (1-1200 grain). Parke, Davis and Co., Detroit.

BROMETONE CAPSULES, 5 GRAINS.—Each capsule contains brometone (see New and Nonofficial Remedies, 1922, p. 75), 5 grains. Parke, Davis and Co., Detroit.

CORPUS LUTEUM-G. W. C. Co.—The fresh substance from the corpora lutea of the hog, dried, freed from fat, and powdered. For a discussion of the actions and uses of corpus luteum, see New and Nonofficial Remedies, 1922, p. 208, under "Ovary." The product is also marketed in the form of tablets Corpus Luteum, G. W. C. Co., 2 grains. G. W. Carnrick Co., New York.

EPINEPHRIN-LEDERLE.—A brand of epine-

phrin-N. N. R., made from the suprarenal glands. For the actions, uses and dosage of epinephrin, see New and Nonofficial Remedies, 1922, p. 108. Epinephrin-Lederle is sold in the form of Solution Epinephrin-Lederle, containing epinephrine sulphite equivalent to 1 part of epinephrin in 1,000 parts of physiological solution of sodium chloride, preserved by a small quantity of

sulphuric acid and saturated with carbon dioxide. Lederle Antitoxin Laboratories, New York.

HYPODERMIC TABLETS No. 50.—Mercuric Succinimide-Mulford, 0.012 gm. (1-5 grain), contains mercuric succinimide (see New and Nonofficial Remedies, 1922, p. 194) 0.012 gm. (1-5 grain). H. K. Mulford Co., Philadelphia.

PUBLISHER'S NOTES

FROM THE SALICYLATES TO CINCHOPHEN

The salicylates have had their day. One by one, those who have been prescribing them in years past are turning to Cinchophen. And they are wise to do so. For clearly Cinchophen is the better drug in many cases of acute rheumatism and other painful conditions.

Precisely how it acts within the body is still a question. But we do know that neither the salicylates nor any other drug so sharply increases the elimination of uric acid. A decided increase is obvious in the voidings and can be demonstrated easily by urine tests.

Simultaneously, in a rheumatic person, the subjective symptoms disappear or, if persistent, become less troublesome. A pleasing fact to note is that Cinchophen is less irritating to the kidneys than the salicylates. Albuminuria occurs but seldom; when it does it is not nearly so severe.

The Abbott Laboratories, Chicago, announce lower prices for Cinchophen, which

is well, seeing that the drug is so useful. The same firm is also making Neocinchophen.

ACRIFLAVINE.

This drug continues to attract users, the verdict of whom is that it is a valuable new asset in genito-urinary practice. It appears to terminate an attack of gonorrhea in less time than other germicides employed by injection or irrigation. Presumably this is due to its exceptional penetrability.

An increasing number of physicians are prescribing it by mouth, as a urinary anti-septic. For this purpose, however, only a strictly pure and high-grade salt should be prescribed, such as that supplied by the Abbott Laboratories, Chicago. Their Acriflavine more than meets the tests for purity required by the Council on Pharmacy and Chemistry of the American Medical Association.

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THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION

PUBLISHED MONTHLY

Volume IX

St. Augustine and Jacksonville, Florida, October, 1922

Number 5

ORIGINAL ARTICLES

THE FUNCTION OF THE TONSIL AND A PLEA FOR MORE CON- SERVATIVE TREATMENT OF CHRONIC TONSILITIS.*

MICHAEL PRICE DE BOE, M. D.,
Key West, Fla.

The functions attributed to the faucial tonsils by most authors are:

That they are a residual embryonic remains,

That they have a particular secretion,

That they exert a physical function,

That they secrete a mucous which facilitates deglutition,

That they are blood-forming organs,

That they are glands of internal secretion.

With the exception of the first, all these attributed functions of the tonsil will be passed over in this paper, and the first will be discussed in its opposite sense as evidence in favor of my theory as to the most important agency which these organs perform.

The fact that the tonsils develop rapidly in the last few months of intrauterine life and have a tendency to disappear in early adolescence points favorably to the theory that they are residual embryonic remains. Yet, conversely, the stronger argument that this is not true, is the fact that in all the animals from the reptile up they are more highly developed in man. There must be a cause for this, as nature makes nothing for which she has no use.

The explanation that I shall attempt to give for this phenomenon is this: the tonsil is the part of the body which comes in closest touch with pathogenic bacterial life. This is one of the most important points for the absorption of bacterial toxins where this can take place without the destruction of tissue.

It is most essential that the body absorbs these toxins from some place in order that antibodies can be formed to produce an immunity to disease germs.

Our immunity is either hereditary or acquired. As the hereditary immunity is not sufficient to keep the body immune throughout life, the immunity necessarily has to be repaired by the absorption of bacterial toxins, and by their stimulating the formation of antibodies in the blood. The only way that these toxins can gain entrance into the system is either through the skin or mucous membrane.

Our ancient ancestors, crawling in the mud and slime, and those who later lived and slept in filthy environments, with no means by which they could keep their hairy skins clean, absorbed all the bacterial toxins necessary to keep the body immune. As we keep our bodies clean by bathing, change of clothing, sleeping in clean beds, and by all the other methods of modern sanitation, the absorption of substances through our skin is very little.

In order, then, to get these toxins, which is the only possible way of stimulating an immunity to the organisms producing them, we must get them, certainly, through secondary channels when the primary ones are closed. The extra work of gathering the germ toxins must fall, naturally, upon the mucous membranes, the part of which, because of its location and character, must be the tonsil.

In the lower animals the tonsils are not as urgent a necessity as they are in the human being for the reason stated above. I believe that clinical evidence is in favor of the fact that the lower animals are more resistant to infection than man. If this theory is correct, the reason for this can be explained easily by the statement that in the lower animals the

*Read before the forty-ninth annual meeting of The Florida Medical Association, at Havana, Cuba, June 27, 28, 1922.

immunizing mechanism is not suffering a strain in any of its parts. This much can not be said of the human animal, when so many of us have to have parts of us removed, in order to live. I believe, also, that there are men here who will bear testimony to the fact that people living in, and whose ancestors have lived in filthy environments, are more resistant, also, to infection. The reason is the same as in the case of the lower animals.

I am not pleading for filth, but I am pleading for the tonsils, whose unknown functions may cover a multitude of sins.

The anatomical evidence in favor of this theory is the fact that the tonsils are differently arranged from the other lymph glands, in regard to the lymph vessels. The vessels have their origin in the tonsils, and they merely pass through the other glands. The flow of lymph, therefore, is from the tonsils and through the other glands. This is proven clinically by the fact that the tonsil is never secondarily inflamed from a focus of infection, elsewhere, except by direct continuity of tissue.

In order that the tonsil may perform this function without immediate danger to the health of the individual, nature has placed numerous lines of defense between the tonsil and the neighboring organs. These consist of the epithelial covering of the mucous membranes with its bacteriacidal secretions, the lymphatic tissue of Waldeyer's ring, the bronchial and cervical lymphatic glands, the endothelial lining of the lymph and blood vessels and the blood and lymph.

The body, therefore, with comparative safety, can use this station to imprison enemy spies and take from them material from which she can make, in her vast laboratories, war supplies to be used in any emergency.

Now, in regard to the treatment of chronic tonsilitis, I am not pleading for either conservatism or radicalism, but for rationalism. If we use more rationalism it will be conservatism as compared with our present methods. No surgeon can say that he does not believe in the amputation of legs or the enucleation of

eyes. Therefore, we cannot say that we do not believe in the removal of tonsils. But because we do not know definitely the function of the tonsil, is no reason for the ruthless slaughter of them. More than that, if the theory above stated is correct, there is still no reason for doing a tonsilectomy because there is a mild tonsilitis. This condition may be a case of overburden, the relief of which is best done by thoroughly cleaning and draining the crypts.

The treatment of chronic tonsilitis should depend upon the type of tonsilitis. Radical removal of the tonsil in its capsule is, in the opinion of most laryngologists, the best method to deal with hopelessly diseased tonsils. But how are we to know when one is hopelessly beyond repair? And which types of tonsilitis belong in this class and which belong to the curable class?

As a rule the most common type of chronic tonsilitis (follicular) gives the least trouble locally, and the fewest systemic symptoms. Yet this is the type that gets most of the radical surgical treatment. This tonsil is large, prominent, and presents itself as a beautiful target to the enthusiastic surgeon. On the other hand, there are three or four other kinds of tonsils which look insignificant, but, at the same time, are a severe menace to the health of the patient. Among these last are the tubercular, and the streptococcic from a bacteriologic classification, and the buried and those with pus cavities of the clinical class.

About forty-five per cent of the buried tonsils give no local symptoms. Probably a larger per cent of the tubercular ones give none. We cannot depend, therefore, upon subjective symptoms as a guide to treatment.

In this paper it is impossible to go into the pathology, diagnosis and treatment of tonsilitis, but suffice it to say that, in the shade of our ignorance, we should proceed more slowly in the radical surgery of tonsils. This plea for conservatism is to the average man who takes out tonsils. It means that we do wrong when we remove tonsils for every

condition to which the human body is heir, from alopecia to hemorrhoids, when we do not know the etiology of the condition which we attempt to treat. It means that we should remove tonsils for some other cause than failure of diagnosis or exhaustion of other therapeutic measures in cases whose pathology or symptomatology do not relate either directly or indirectly to the tonsil. It is the unnecessary surgery and painful and disagreeable treatments, the results of which do not repay the patient for his suffering, that are driving him from the regular practitioner and opening the field of therapeutics to the charlatan and quack.

In our diagnosis and treatment of chronic tonsillitis let us, then, be more exact, in order that we may give the patient more benefit than injury.

MANAGEMENT OF CHILDREN WITH HEART DISEASE.

W. S. COLEMAN, M. D.

Miami, Fla.

Last June, at the Boston meeting of the American Medical Association, Dr. Theodore Barringer, Jr., read a paper, before the general medicine section, entitled, "Principles Underlying the Treatment of Heart Disease by Exercise," and Dr. Robert H. Halsey, also of New York, read a paper before the pediatric section on "Heart Disease in Children of School Age."

If one heard these papers and the discussion which followed, or read them later, together with an article by Dr. May G. Wilson on "Exercise Tolerance of Children With Heart Disease as Determined by Standard Test Exercises," he must have been impressed with the wisdom and importance of this newer attitude towards this unfortunate class of patients, especially as it is applied to the growing child.

Dr. Barringer investigated a series of 154 cases of heart failure complicating chronic valve or muscle disease. In only three was there a definite history of physical strain immediately preceding onset of symptoms.

During the past few years a number of

clinicians have taken the stand that it is usually not physical strain but infection which causes heart failure. Accepting this view, many doctors began to allow their patients with chronic heart disease to take more exercise and reported favorably.

Now, in order to make the scientific application of exercise practical, a working standard of test exercises is needed. This Dr. Wilson has made from observations on a large group of normal children.

One test was with dumb-bells, the weight of which varied according to the age, weight and height of the child. Two iron dumb-bells were swung from the floor to full stretch of arms overhead and back again between the legs at a constant rate of two seconds for each swing. Ten swings represented a mild test, twenty swings an average and thirty swings a severe test. Another, used especially for school children, was the "stair-case test." Stairs taken at a steady climb without rest. The mild test being a rise of 15 feet in 40 seconds, the average test being 30 feet in 40 seconds, and the severe test being 30 feet in 20 seconds. The reactions following the tests were flushing of face, degree of dyspnea, degree of fatigue, rise of systolic blood pressure, and type of systolic curve.

With the mild test exercise the normal child showed no flushing of face or dyspnea. With the average test there was slight flushing and dyspnea. With the severe test both were distinct. Fatigue was only noticeable after the severe test. The rise of systolic blood pressure was 10-15 m.m. for the mild test, 20-30 m.m. for the average, and 30-40 m.m. for the severe test.

Normal curves of systolic pressure following test exercises, which were performed with ease and without dyspnea or fatigue, show a steep rise a little above the resting level, reaching its maximum within 20 to 40 seconds and falling within two minutes. Abnormal curves of systolic blood pressure followed tests in which the limit of effort is approached, judging from the degree of dyspnea and fatigue, show an initial fall a little below the resting level, followed by a

delayed rise reaching its maximum from 50 to 135 seconds and falling slowly to pre-existing level in 3 to 5 minutes. This type of curve was present after moderate test exercises in children with slight symptoms of insufficiency. Dr. Barringer obtained a similar blood pressure curve in adults with cardiac insufficiency.

In applying the tests to cardiac pupils Dr. Wilson found, to quote her report:

"Of seventy-one children having definite organic heart disease, without symptoms of cardiac insufficiency, sixty-nine per cent had a normal tolerance for standard test exercises. Twenty-nine per cent had a fair tolerance and two per cent a poor tolerance.

"Of the entire cardiac group, composed of 116 children, only eight per cent were found to have poor tolerance. As long as the clinical picture remained constant the exercise tolerance remained the same. Clinical improvement was accompanied by increased tolerance, and the occurrence of infection by diminished tolerance. Children who had been unduly restricted showed diminished tolerance which quickly increased on being permitted free play.

"The type of lesion, the valve involved, or the size of the heart did not seem to bear any definite relation to exercise tolerance in these experiments. In many instances children with heart disease of long duration, accompanied by marked hypertrophy, had a greater tolerance than children with heart defects or heart lesions of shorter duration with less hypertrophy."

Under the direction of Dr. Halsey, a large group of New York school children with organic heart disease have been segregated, classified into groups according to their exercise tolerance and given systematic physical training.

Setting-up exercises were used. During the first period of 15 minutes all the children take part. Then class three pupils are excused. The second period of 10 minutes is a bit more energetic, and at the end of this period class two pupils drop out. Class one

pupils then continue through the third period which lasts 5 minutes.

This work was begun in 1917 and continued since, except for a time during the war, so that enough work has been done to justify some definite conclusions. A large per cent of class three pupils improve to class two and class two pupils to class one, and many from class one are returned to regular school classes with normal exercise tolerance, being barred only from the more violent exercises. Careful supervision is most important. Watch must be kept for flushing of the face, dyspnea or evidence of fatigue. Temperatures should be taken every morning and no intercurrent infection overlooked. The teeth given proper care, tonsils removed if diseased, and suitable diet and rest provided. Any fever or evidence of heart failure calls for absolute rest.

There is little change in the management of acute heart disease. Absolute rest, the ice bag and sedatives are the sheet anchor here. However, some excellent clinicians are reducing the time in bed. After the temperature has been normal for ten days or two weeks the child is allowed to sit up. Light exercises soon follow.

Personally, I believe one should be very cautious in the convalescent stage, and not even later should one exceed the exercise tolerance as shown by the tests.

We all know the importance of exercise in growing children and, if properly directed, it is equally of value in the child with chronic heart disease.

Along with better health the child becomes more resistant to infections, the heart muscles become stronger and there should be a great reduction in the number of heart failures.

GRANULOMA INGUINALE.*

G. J. OETGEN, M. D.,
Jacksonville, Fla.

(Report of several cases with special reference to the treatment of the same with antimony and potassium tartrate intravenously.)

Granuloma inguinale is by no means a rare condition to meet up with in Florida; this is especially true in the negro population where the disease is apparently endemic.

The term granuloma inguinale is somewhat confusing when the disease is limited, for instance, to the perineum or some part other than the inguinal region. Clinically, granuloma inguinale is also known as granuloma venereum, groin ulceration, granuloma of pudenda, ulcerative vulvitis, serpiginous ulcerations of genitals, etc.

I became interested in the matter after reading an article on Granuloma Inguinale, by ¹K. M. Lynch, and of the success obtained in the treatment of same with antimony and potassium tartrate. At the time I was in charge of the venereal clinic, in Jacksonville, where material was abundant and it was simply a matter of "seek and ye shall find." And it was not very long afterwards that I had diagnosed and treated successfully several cases of long standing.

The etiology of granuloma inguinale is not a definitely settled question. ²Donovan's organism is fairly constant, although some cases in which this organism was not to be found responded nicely to the tartar emetic treatment. Other observers report a spirochetal organism. I have not done any extensive bacteriological work, but have found Donovan's organism in many cases and also a capsule bacillus as described by ³Walker, the bacillus mucosus capsulatus, and Friedlander group in several cases.

Granuloma inguinale usually begins as a small moist papule, which breaks and soon ulcerates. Usually the patient gives a history of some trauma, a venereal sore, gonorrhea or more commonly a bubo. The ulcer progressively and eccentrically destroys the surrounding tissue and shows no tendency to spontaneous healing. The lesions are rough, ulcerative masses of granulation tissue covered with a serous exudate or pus and bleed easily. They are generally not painful unless

pressed on; however, sometimes there is intensive itching or a burning sensation noted. Some have a very offensive odor and others scarcely none at all. The cases in which the odor was most noticeable were the more purulent cases. The terminal picture described by Manson is that of a dense contracting scar surrounded by a serpiginous, irregular border of nodular, somewhat raised, red, glazed, delicately skinned or pinkish, superficially ulcerating or cracked new growth.

⁴Campbell reports the disease as most frequent in women, attacking especially the vulva and adjoining tissues. In my experience a number of males and females infected are about equal. In the male the penis, scrotum and the inguinal regions are the common sites of the lesion. Lesions have been found on the lips, and cheeks, and in the mouth. I am dividing the cases for consideration into three classes. The first class, those in which Donovan's organism was found present and the Wassermann was negative. The second class, those in which Donovan's organism was not found and the Wassermann was negative. The third class, those cases in which there was a positive Wassermann.

The following cases are of class one:

CASE NO. 1: M. A., a negro woman, aged 33 years, whose Wassermann was negative, about three years before had some pimples on the left labium minorum. These broke and the ulceration in a short while completely covered the left labium minorum and the adjoining portion of the vulva. She had been given thorough treatment for syphilis with arsphenamine, and various lotions and mercurial ointments had been used without results. A smear was made from the scrapings and Donovan's organism was found present. Tartar emetic was begun and 48 c.c. of the 1 per cent solution was given intravenously in a period of thirty-eight days, at the end of which time the ulceration was completely healed.

CASE NO. 2: A. S., a negro woman, aged 20 years, whose Wassermann reaction was

*Read before the forty-ninth annual meeting of The Florida Medical Association, at Havana, Cuba, June 27, 28, 1922.

negative, about three years before had a papule on the inner side of the left labium majorum which broke and an ulcer resulted; this ulceration extended until the entire vulva and anterior portion of the vagina for about one inch was involved. The labia was greatly swollen and tender. The appearance of the lesion was that of a raw, spongy vascular tissue, covered with a purulent discharge. There was no appreciable odor. Patient was given twenty doses, aggregating 155 c.c. of 1 per cent tartar emetic solution, intravenously. The vulva at this time was apparently healed, but tender and swollen. The patient complained of headaches and a few doses of arsphenamine were given as a therapeutic test. Patient noticed no change in her general feeling. Two months later patient returned, and upon examination considerable erosion was found around the vulva, apparently a recurrence, which, according to a history from the patient, occurred shortly after the tartar emetic was stopped. Intravenous tartar emetic injections were started again and 38 c.c. of a 1 per cent solution was given in a period of twelve days. A subsequent examination showed the vulva to be completely healed.

CASE No. 3: F. C., a negro man, aged 33, whose Wassermann reaction was negative, had a chancroidal infection about three years before. Patient had a phimosis and was advised to have a circumcision. The prepuce was long and the incision was made well behind the sore and the healing was by first intention. About two weeks after he was dismissed a papule developed on the shaft of the penis near the root of the penis. This broke and an ulcer resulted which soon extended to the pubis and on the upper right side of the scrotum. Patient was treated in various ways. He was told that he had a tropical disease and should go to Cuba. This he did and was treated there for a period of about six months with various local applications, with no improvement. He has been given thirteen injections of 1 per cent tartar emetic solution intravenously aggregating

86 c.c. Improvement began immediately, and he is now practically well.

Consideration.

These are apparently typical cases of granuloma inguinale, two women and one man, the duration of which was about three years in each case. In case 2, the ulceration was very extensive and the treatment was stopped too soon as shown by the recurrence. All of these cases had received arsphenamin at some time with no improvement. With the tartar emetic treatment recovery was rapid.

The following cases are of class two:

CASE No. 1: H. H., a negro man, aged 27 years. Granuloma began as a small lump in the right inguinal region over four years ago. The lump broke down, a granuloma formed which soon involved the entire inguinal region, practically all of the penis and the upper right side of the scrotum. Patient was treated vigorously with arsphenamine, mercurial ointments, cauterants, etc., with little or no improvements. This treatment was carried on over a period of two years. The Wassermann reaction was negative. Tartar emetic was begun, 69 c.c. being given of the 1 per cent solution intravenously over a period of four weeks. The granuloma showed marked improvement after the third injection and healed very rapidly with subsequent injections. The patient was called out of town for a period of about three months; at the time when patient left town he was apparently cured. On his return there was evidence of a recurrence and a thin purulent discharge issued from the lower end of the lesion where a few hairs were found turned under, the hairs were pulled out and the tartar emetic begun. This time 42 c.c. were given and the granuloma was completely healed.

CASE No. 2: J. B., a Portuguese, aged 21 years. About six months ago following a sore on the penis, noted that a lump appeared in the left inguinal region, poultices were applied, the bubo ruptured and a granuloma resulted which was about the size of a dollar when the patient applied for treatment. The

Wassermann was negative, Donovan's organism was not found. Tartar emetic was begun and 90 c.c. of the 1 per cent solution was given intravenously in a period of forty-four days. Patient never received a greater dose than 7 c.c., and at times even 5 c.c. would cause nausea. Healing was apparently complete.

CASE No. 3: H. B., a negro man, aged 20 years, three years ago had bilateral buboes which ruptured, ulceration resulted which gradually covered both groins. Patient said that he had tried all kinds of local applications, but had not taken any medicine, either internally or intravenously. The Wassermann reaction was negative. He was given 123 c.c. of the 1 per cent solution (tartar emetic) intravenously in a period of forty-six days, and was dismissed as cured. Only a narrow scar about three-quarters of an inch wide and four inches long remained in each groin.

Consideration.

In this group three negro men, two of long standing, and one with a duration of only about five or six months. Case No. 1 had thorough antisyphilitic treatment, the other two had received some local treatment. All of these cases responded to tartar emetic treatment, and in case one the reoccurrence was probably caused by the treatment being stopped too soon.

The following cases are of class three:

CASE No. 1: S. A., a negro girl, aged 15 years, whose Wassermann was double three plus, and had a gonorrhea. She received thorough anti-syphilitic treatment with arsphenamine, mercury and potassium iodide. Following this treatment patient developed a bubo in the right inguinal region which ruptured spontaneously and soon developed into a granulomatous ulcer. The patient was given 78 c.c. of a 1 per cent tartar emetic solution intravenously over a period of nine weeks. Patient was neglectful about her treatment and could not tolerate a dose greater than 7 c.c. The granuloma was practically well when the patient stopped coming for treatment.

CASE No. 2: M. C., a negro girl, aged 17 years, whose Wassermann was positive. About four years before had some pimples in the perineum between the anus and the vagina. These broke and ulcerations gradually extended over the entire perineum and vulva and passed up into both groins and across the lower abdominal surface. The ulceration also extended well into the anus and the vagina. There was a very offensive odor. Donovan's organism was found present in the scrapings. Patient was given 1 per cent tartar emetic solution injections intravenously three times a week and arsphenamine once a week, and improvement has been rapid. Patient is still under treatment.

CASE No. 3: L. B. M., a negro woman, aged 29, whose Wassermann reaction was 4 plus; about nine years before had some pimples on the perineal surface between the anus and vagina. These broke and an ulcer resulted. Patient sought medical advice and was told that she had a running ulcer, which was incurable. The ulceration gradually extended over the entire perineum and passed up into both groins and into the vagina and anus, and was covered with a purulent exudate. The left labium majorem became greatly swollen and measured ten and one-half inches in circumference and hung down to the middle third of the left side. The posterior half of this mass was completely ulcerated and surrounded by serpiginous borders. This type corresponds with the so-called elephantiasis-like variety, described by ⁵Daniels and also by ⁶Campbell, and as exceedingly rare. An examination was not made for filariae. Donovan's organisms were found in abundance in the scrapings. Patient has been given 68 c.c. of 1 per cent tartar emetic solution intravenously in a period of three weeks and three doses of arsphenamine of three-tenths grams each. There has been marked improvement, much of the ulceration has healed and the labium majorem has diminished in size. The patient feels much better and is still under treatment.

Considerations.

Case one was treated with small repeated doses of the 1 per cent tartar emetic solution averaging about 5 c.c. per dose; a dose as large as 7 c.c. would cause severe nausea. Healing was rapid and complete with these small doses.

In case two the odor was very offensive which some regard as pathognomonic. In this case the lesion was very extensive and covered with pus. The odor was more offensive in the purulent cases.

In case three Donovan's organisms were abundant in the beginning of the treatment. Subsequent scrapings showed fewer organisms and in the last scraping made the organisms were not to be found.

THE HISTORY OF ANTIMONY

*The history of antimony is quite interesting. Antimonial ores are widely distributed in nature; stiomite, the black sulphide, is the most important, and has been used from prehistoric times. The women of the Oriental races used it as a cosmetic. The origin of the name (antimony) is interesting, if not so true. Basal Valentine was a German monk of the fifteenth century, who spent the greater part of his time as an alchemist. He certainly did investigate some of the preparations of antimony, and wrote a treatise, laudatory of the medicinal value of the compounds of this element. The title of the book, "*Currus Triumphalis Antimonii*," is sufficient to indicate the style in which it was written. According to the story, this old monk threw some of the material upon which he had been at work to some hogs kept at the monastery, and observed that although some of these animals were somewhat violently purged by these preparations, they speedily recovered and afterwards grew sleek and fat. Thinking that a preparation which had proved to be so good for hogs might also be of value to monks, he is said to have fed some of his preparation to his brothers in the monastery, and as a result of it all died. Valentine then decided to call the substance antimonk, which has since been corrupted into antimony.

PHARMACOLOGY.

Tartar emetic depresses the sensory side of the spinal cord. It lowers both the pulse rate and pulse force. The heart muscle is directly depressed by small amounts. The blood pressure is lowered. Moderate amounts do not affect the respiratory function, but lethal doses depress and produce pulmonary congestion. Tartar emetic produces vomiting by stimulation of the vomiting center in the medulla. The most frequent symptoms of an overdose of tartar emetic given intravenously are coughing, sweating, headache, nausea, and gastrointestinal pains. The treatment of an overdose is similar to that of a reaction from salvarsan. The foot of the bed is elevated and external heat applied. Morphine hypodermically may be required for the relief of pain, and the use of respiratory and circulatory stimulants should be used if indicated.

TARTAR EMETIC THERAPY.

⁷Aragao and Vianna were the first to use intravenous injection of tartar emetic, in 1913, and three cases were reported cured. They used a 1-1000 solution and injected two ounces to four ounces on alternate days. A Brazilian physician was the first to use the drug intravenously in this country, in 1919. We use the U. S. P. commercial antimony and potassium tartrate (tartar emetic) in 1 per cent solution, in sterile, distilled water or normal saline. One gram of tartar emetic is soluble in twelve mls. of water, also in three mls. of boiling water. I generally make up one hundred mls. at the time and this is done by adding one gram tartar emetic to one hundred mls. of sterile, distilled, boiling water. ⁸Campbell advises adding a small amount of hydrochloric acid to prevent precipitation, but I have never been troubled with any precipitation when making the solution as stated above, and besides in this way the chances of keeping the solution sterile are better; however, even when cold water was used, no noticeable precipitation occurred.

We use a 10 c.c. record syringe. Great care must be taken not to allow any of the

tartar emetic to escape into the tissues or sheath of the vein as severe local inflammations will result. The injection should be made slowly, about 1 c.c. every ten seconds. We usually begin with 3 c.c. of the 1 per cent solution, diluted to 10 c.c. with sterile, distilled water, or normal saline solution, increasing the dose 2 c.c. every other day. Three doses per week, for instance, Mondays, Wednesdays and Fridays, until 11 c.c. of the undiluted 1 per cent solution is reached; then we continue the 11 c.c. doses for awhile and reduce the dose if nausea or any of the toxic symptoms appear. I have given as high as 15 c.c. undiluted 1 per cent solution of tartar emetic intravenously, and generally these large doses cause nausea and headaches.

All the cases of the first and second class responded promptly to the treatment, and most cases are well in the course of four to six weeks, some even sooner. The duration and extent of the lesion, the resistance of the patient, and the persistence and regularity of the treatment determine the rate of cure. The cases of class three do not respond to the tartar emetic unless antisymphilitic treatment is carried out also, and likewise antisymphilitic treatment alone has no effect on the granuloma. The cases of this class are treated with tartar emetic three times a week, and arsphenamine once a week.

CONCLUSIONS.

1. That granuloma inguinal is not at all uncommon in Florida, particularly among the negroes.
2. That we may well add to the three venereal diseases, gonorrhea, syphilis and chancre, a fourth, namely, granuloma inguinal, as a clinical entity.
3. Donovan's organisms are generally found in abundance and are in all probability the etiologic factor.
4. Campbell concludes that the diagnosis of granuloma inguinale must be considered in all chronic, ulcerative lesions of the genital and perigenital tissues, especially in negroes from the subtropical Southern States.
5. Patients that cannot tolerate large

doses of tartar emetic should be given repeated small doses.

6. That granuloma inguinal with a co-existing syphilis should be treated with tartar emetic in conjunction with arsphenamine.

7. That tartar emetic given intravenously is a specific treatment.

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FRACTURES.*

R. A. ELY, M. D.,
Tampa, Fla.

Some time ago a surgeon apologized for submitting a paper on appendicitis for the reason that it was so common a condition, that interest was hard to arouse, and yet he deplored the fact that there were still too many deaths due to appendicitis. The writer feels that the subject of fractures, while still more common and to some uninteresting, deserves continued discussion in medical circles.

In the last ten years, the treatment of considerably more than 200 fractures has made possible certain deductions. It is a lamentable fact that there still are physicians who can treat fractures without X-ray examinations and tell the patient that "this fracture needs no X-ray examination." The result often is that when reduction is attempted, the edema is pressed out and the deformity has not been corrected, and after some months the patient drifts to some competitor or some distant city and is told the truth with all its resulting unpleasantness. If the physician in charge has no machine and there is an obvious fracture, take a roentgenogram

*Read by title before the Hillsboro County Medical Society, at Tampa, August, 1922.

after reduction as it is far more important to know the position after reduction than to know the nature of the fracture. Of course the ideal way is to have it rayed before and after reduction. Periodical X-ray examinations during the first few weeks will determine the effectiveness of the treatment.

Reduction after the X-ray examination is of next importance. This should be done under ether and the manipulation should be done under the flouroscope if possible.

The first few days' treatment are the important ones. How often do we still see the threatening appearance of a beautiful dressing, that has been put on too tight, with shining edema and numbness. The patient must come back for attention every day for three to five days. Massage and alcohol rubs are absolutely necessary. If in the first twenty-four hours there is any numbness or excessive swelling he must report to the surgeon at once, or, if at a distance from his doctor, instructed to cut the tight binding bandage at the constricting places. There are still too many Volkmann's.

The patient must present himself every few days for massage or observation, especially if the fracture is near a joint, until union is well established.

Plaster Paris is not a good dressing for children, as they often get into water and soften the splint, and then fall and undo all the good that had been done up to that time.

Nothing new is presented in this paper, but the following conclusions are always worth emphasizing:

1. An X-ray examination after reduction is indispensable to all parties concerned.
2. Daily observation for the first five days should be insisted upon.
3. Plaster Paris is not a safe dressing for children.

PROPAGANDA FOR REFORM.

MORE MISBRANDED NOSTRUMS.—The following proprietary preparations have been the subject of prosecution by the federal authorities charged with the enforcement of the food and drugs act:

Diemer's Manhood Tablets (Dr. F. W. Diemer Medicine Co.), consisting chiefly of sodium bicarbonate, reduced iron, a compound of zinc, phosphorus and small amounts of capsicum, strychnin and an extract from a laxative plant drug.

Sa-Tan-Ic (Sa-Tan-Ic Medicine and Manufacturing Co.), containing magnesium sulphate, cascara bark extractives, salicylic acid, methyl salicylate, oil of peppermint, water and a trace of alcohol, claimed to be a blood purifier, system renovator and a remedy for stomach, kidney and liver complaints.

Banes' Kidney and Rheumatic Remedy (Dr. A. V. Banes Medicine Co.), containing sodium and potassium compounds of iodine, acetic acid, nitric acid and salicylic acid, vegetable extractive matter, sugar, alcohol and water.

Silverstone's Sexual Pills (S. Pfeiffer Manufacturing Co.), consisting essentially of plant extractives, including resins, nux vomica, alkaloids and damiana.

Nux - Auro - Papanad, pills containing strychnin, salts of zinc, calcium and lithium and creosote, claimed to be indicated in vasomotor paresis, neurasthenia, melancholia, malnutrition, general debility and sexual exhaustion.

Santal-Miller (General Drug Co.), consisting essentially of santal oil and claimed to relieve or cure gonorrhea.

Eells' Vitalizing Blood Purifier (F. Eells & Sons Co.), a water-alcohol solution consisting essentially of sugar, epsom salts, laxative plant material and traces of oil of wintergreen and oil of sassafras.

Long's Kidney and Bladder Remedy (Wm. T. Long Medicine Co.), capsules containing phosphorus, extractives of damiana and nux vomica.

LAXATIVES. — UNTOWARD EFFECTS OF LAXATIVES.—Lately a number of instances of cutaneous manifestations due to the use of phenolphthalein as a laxative drug have been brought to the attention of physicians, particularly by dermatologists. Now Underhill and Errico have demonstrated that

when magnesium sulphate, sodium sulphate and potassium and sodium tartrate are administered experimentally in doses capable of producing diarrhea, a distinct concentration of the blood may take place. The fact that purgatives exert a definite influence, in the direction of concentrating the blood, indicates that care should be exercised in the administration of purgatives in disease conditions, especially in those conditions known to be responsible for concentrated blood. Blood concentrated to some extent, and yet not sufficiently concentrated to be dangerous in itself, may reach a dangerous concentration by the added influence of the purgative. (*Jour. A. M. A.*, June 24, 1922, p. 1964.)

HELIO THERAPY.—The action of far ultraviolet light on normal tissue and the action of near ultraviolet light under certain pathologic conditions have been investigated enough to show that there are well-defined effects due to light, closely related to the physiologic results of exposure to radium and the roentgen rays. Recently, Kramer, Casparis and Howland have again demonstrated the healing of the rachitic process in the bones of rachitic children through systematic exposure to the rays from the mercury vapor quartz lamp. The healing of the bones occurred at about the same time that it does after the administration of cod liver oil. The work of Finsen in the treatment of lupus vulgaris emphasizes the importance of considering a diversity of forms of radiant energy in skin affections. In tuberculosis, especially surgical tuberculosis, heliotherapy has long had advocates. Light of short wave length, which is known to have marked bactericidal effects, may not be without salutary influence in the treatment of wounds. Artificial lights, if glass covered, are, therefore, harmless and therapeutically weak. Sunlight rarely contains enough far ultraviolet rays to produce injury. Consequently, heliotherapy that demands highly potent effects must look to artificial sources of radiation. The quartz mercury arc and bare metallic arcs are known to belong in the potent class, and, it is to be remembered,

may be extremely injurious, so that the eyes should be protected from them. (*Jour. A. M. A.*, Sept. 2, 1922, p. 827.)

A CASE OF UNUSUAL SUSCEPTIBILITY TO DIPHTHERIA.

PAUL CRUMPLER, M. D.,
Clinton, N. C.

A short time ago I was called in consultation to a child with an unusual susceptibility to diphtheria. The patient was a boy, three years old, well nourished and rather large for his age. Family history negative. The child had shown a positive Shick last July and had been given toxin anti-toxin by the county health officer.

When I saw him he had membrane on both tonsils, temperature 102, and very croupy, showing an extension into the larynx. He had already had twenty thousand units of anti-toxin during the two days of his illness and we immediately gave twenty thousand more. I was called in the case principally for the purpose of intubating, but as the child's breathing was better and his strength good and with no cyanosis we decided to wait on this procedure, hoping the anti-toxin given would soon show evidence of liquifying the membrane in the larynx and make this operation unnecessary. However, after about two hours the breathing became much more difficult and it became apparent that without immediate relief the child could not live. Therefore I intubated at once and the croup was relieved. About eighteen hours later another twenty thousand units of anti-toxin was given, making sixty thousand in all, and I might add, all of this was given subcutaneously.

After this time I did not see the child any more until five days later when I removed the intubation tube as no complications arose, and he made an uneventful recovery. However, about four or five days after removal of the tube I was called again to see patient and found him to be in exactly the same condition as when first seen, both tonsils again covered with membrane and difficult breathing with slight cyanosis. The

necessity of the tube was again apparent, and both parents were extremely anxious for its immediate use as they remembered so well the grateful relief afforded at the first operation. So I again intubated and anti-toxin was administered in twenty thousand units at twelve-hour intervals until sixty thousand had again been given. No complications arose this time and again he made an uneventful recovery, the tube being removed on the fifth day. This was something over a month ago and the child has since had no trouble.

The unusual aspect of the case is the extreme susceptibility to diphtheria. I am sure I have never before seen the disease return so quickly and in such a violent form. The patient had received toxin anti-toxin last summer. At the first attack he had sixty thousand units of anti-toxin. To this he responded well, the tonsils clearing up in forty-eight hours. Then within a week the membrane again appeared with every clinical evidence of a new case. Also the laryngeal involvement at both times requiring intubation is itself an unusual occurrence.

THE DOCTOR AS I KNOW HIM.*

T. M. McDUFFEE, M. D.,
Manatee, Fla.

As I retire from the great office of president of this society back to private life, or, in other words, back to the ranks, and turn over the responsibilities to my successor, I wanted to say something to you on a subject upon which I have thought for many years that I would like to write a paper in my own way and in my own language, viz: "The Doctor as I Know Him."

We shall take him from his early life as he begins to look out upon the broad field of medicine in its many departments and responsibilities. We generally find him a young man of moderate means and in many instances poorly equipped in many ways, but one who has the courage of his convictions, and one willing to undergo any hardship

that he may accomplish his heart's greatest desire, for doctors are born, not made.

We see him as he burns the midnight oil. We find him in his place in the lecture hall, eager to take advantage of every opportunity to gain knowledge, no matter how small or simple the bit may seem. He goes upon the presumption that any knowledge gained is not to be thrown away, but he stores it up in the vaults of his cranium for use when the time comes when he shall have to tread the wine press alone.

We see him when he has fought through the required number of years in college, received his diploma, and passed the State Board examination in the state where he chooses to practice.

He is now ready to go forward to battle with the great monster Disease in every phase of its activity. He believes with all his heart that he knows everything and that it would be impossible for him to make a mistake. But, alas, my boy, you are treading upon dangerous ground, for ere long he is to meet the skeleton in the closet and learn that disease does not always come as labeled by Osler, Andrews, and Cathers.

Then we see him as he begins to search for symptoms and analyze them as they show up, and to do his best to determine what they mean and how to handle them.

But with all his knowledge and skill, there arrives a time, and not far distant from his beginnings, when he has to call in his elder brother in the profession to help him out. Right here, to my mind, is one of the most beautiful parts of it all. The old doctor enters the sick chamber unassumingly, and with gentle hands deals with the sick one in such a way as not to create any doubt or suspicion as to the young man's ability or skill.

Watch him. How fatherly and kindly he handles the youngster. He well remembers those days in his own life's experience. He gives the young man the best advice he can. He tells him in the most gentle and positive way that he can just how he would treat the patient. Then in the most dignified and help-

*Read before the Manatee County Medical Society, at Bradentown, October, 1922.

ful manner he leaves the young man again to battle alone, but as his friend. By this time the young man has learned that he does not know it all, and he is now in good shape to do efficient work.

We watch him as he advances in years and in professional knowledge and skill, and we see him when he has reached middle life, and has responded to that "hello" at his front gate, at the hour of midnight, or to the knock upon his front door, or the telephone's bell. We see him as he enters his home, tired and hungry, feeling that he would give anything to have a few hours of rest, or of pleasure with those who are dearer to him than all the world beside. But, no, the doctor's time is not his own. He must leave home and its pleasures and go still on his mission of humanity with little thought of self or of the future.

How often do you see him go, day in and day out, night in and night out, no time to give to the business aspects of his work, the business attention it should have, until the years of the evening of his life have crept upon him, and he begins to realize that he has been too long neglectful of the financial end of his business. He has had a comfortable living, but he has not accumulated the surplus that he should be entitled to have.

His faithful wife, God bless her, we would not pass her by unnoticed. She too has shared his hard luck as well as his successes. She has ever been an inspiration to him. When success seemed to be waning, failure and disappointment seemed imminent, when everything seemed dark and turbulent, it is she who whispers encouragement to him. It is she who plants a kiss upon his forehead and calls him her great man, and bids him go forward again, till with a smile upon his face he obeys her wise injunction.

Lastly, we see him as he is nearing the end of the trail, with the evening shadows creeping close, and in many instances neglected and deserted by those whom he has befriended, and carried through the dark hours of sickness to health and happiness again, or

did his best to comfort them when death and disease was imminent.

Finally, the scene changes again. The grim reaper calls for him and he must go. He, too, must answer the summons. He, too, must stand before the Great Tribunal, and answer according to his work. Let us hope, let us pray that the verdict from the great Judge of all judges be, "enter thou into the joys prepared for you from the foundation of the world."

We pay the last sad respects to him, we cast a sprig of evergreen upon his casket, and say, "Alas, my brother."

The vacuum that his removal has caused closes up and he is soon forgotten, with the widow and children very meagerly provided in this world's goods to fight the battle of life alone.

In these words, gentlemen, and in my humble way I have endeavored to picture to you "The Doctor as I Know Him."

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MERCURIALIZED SERUM NO. 2-MULFORD—
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NEUTRAL ACRIFLAVINE-HEYL.—The base of 3:6 diamino-10 methylchloracridine, containing about 1.5 per cent of sodium chloride as a stabilizer. The actions, uses and dosage of neutral acriflavine-Heyl are essentially the same as those of acriflavine. (See *Acriflavine and Proflavine*, *New and Nonofficial Remedies*, 1922, p. 25). Neutral Acriflavine-Heyl is also supplied in the following forms:

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Neutral Acriflavine-Heyl Throat Tablets.

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The Journal of The Florida Medical Association

Owned and published by the Florida Medical Association.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at St. Augustine and Jacksonville. Price \$1.50 per year; 15 cents per single number.

Contributions for publication in this journal, whether scientific papers or reports of County Secretaries, should be typewritten.

Address Journal of the Florida Medical Association, St. Augustine, Florida, or 602-603 Consolidated Building, Jacksonville, Fla.

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National Aniline and Chemical Co., New York. (*Jour. A. M. A.*, June 17, 1922, p. 1893.)

ANTISTREPTOCOCCIC SERUM-P. D. & Co. (See New and Nonofficial Remedies, 1922, p. 289.)—Also marketed in piston syringe containers, containing, respectively, 20 c.c. and 50 c.c. Parke, Davis & Co., Detroit. (*Jour. A. M. A.*, June 17, 1922, p. 1893.)

STERILE SUSPENSION MERCURY SALICYLATE IN CACAO BUTTER 1 C. C.—Each c. c. contains .097 gm. (1½ grains) of mercuric salicylate. (See New and Nonofficial Remedies, 1922, p. 193.) Intra Products Co., Denver, Colo.

LUMINAL TABLETS, ¼ GRAIN.—Each tablet contains luminal, ¼ grain. For a discussion of the actions, uses and dosage of luminal, see New and Nonofficial Remedies, 1922, p. 60.

VEN STERILE SOLUTION PROCAIN, 0.5 PER CENT.—Each ampule contains 1 c.c. of a 0.5 per cent solution of procain-N. N. R. (New and Nonofficial Remedies, 1922, p. 35.) Intra Products Co., Denver.

VEN STERILE SOLUTION PROCAIN 2 PER CENT.—Each ampule contains 2 c.c. of a 2 per cent. solution of procain-N.N.R. (New and Nonofficial Remedies, 1922, p. 35.) Intra Products Co., Denver.

DIPHTHERIA ANTITOXIN (Concentrated Antidiphtheric Serum Globulin).—P. D. & Co.—Marketed in piston syringe containers, containing, respectively, 1,000, 3,000, 5,000, 10,000 and 20,000 units. Parke, Davis & Co., Detroit.

NOVOCAIN SOLUTION, 1 PER CENT AMPULES.—Each contains novocain, 0.06 gm. (1 grain), sodium chloride, 0.036 gm. (½ grain), and distilled water, 6 cc. (90 minims). H. A. Metz Laboratories, New York.

VEN STERILE SOLUTION PROCAIN 5 PER CENT.—Each ampule contains 5 c.c. of a 5 per cent. solution of procain-N.R.R. (New and Nonofficial Remedies, 1922, p. 35.) Intra Products Co., Denver. (*Jour. A. M. A.*, June 17, 1922, p. 1893.)

PUBLISHER'S NOTES

AMERICAN SYNTHETICS.

The Fordney-McCumber Tariff Bill, recently passed by Congress, unfortunately does not provide sufficient protection for American-made medicinal chemicals, nor does it compensate for the extensive research work which has been done by American chemists.

The rates on medicinal chemicals were passed over the protest of the medical profession. It is now possible for the physicians to follow up their protest by using only American-made synthetics, and referring to them at all times by their American names, as suggested by the Council on Pharmacy and Chemistry of the American Medical Association.

Among the important American-made medicinals which should receive the support of all American doctors, are Arsphenamine, Barbitol, Cinchophen and Procaine. Literature on these products may be obtained by writing to The Abbott Laboratories, Chicago.

 TOO MANY DIPHTHERIA PATIENTS DIE.

Why should there be any diphtheria mortality at all? Antitoxin is to this disease what water is to fire. The answer to the question is, therefore, that the antitoxin is not given soon enough or in sufficient quantity. Fire does not spread more surely or more rapidly among combustible materials than diphtheria in the tissues of the child attacked. The one supreme necessity is to head it off—put it out. A dose of 5000 units of antitoxin may or may not suffice. This dose should be the minimum; and it is far better to give 10,000 or 20,000 units in one dose than in two.

Nature is helpless in many of these cases;

her defensive forces are simply overwhelmed by the poison of the disease. Give the patient a full dose, a liberal dose, of antitoxin, and as many as may be required; arrest the poisoning process; and then nature, relieved, rallies her phagocytic forces and destroys the invading bacilli.

The mortality of diphtheria in this country, according to the Parke, Davis & Co. advertisement elsewhere in this issue, is 10 per cent. One patient out of ten dies. Save the tenth child!

 SAFE HYPNOSIS.

When the physician finds it necessary to prescribe a hypnotic, two questions occur to him: Is it safe? Will it induce a drug habit? If safe, it will put the patient to sleep without risk of immediate or subsequent reaction involving pain or injury of any kind. If non-habit-forming, it may be administered as often as the condition of the patient requires, or discontinued at any time without any more inconvenience to the patient than if it had never been taken.

These conditions are said to be perfectly fulfilled in Chloretone, a Parke, Davis & Co. product, which acts upon the dentritic processes in the brain, relaxing them so that both sensory and motor impulses are inhibited. This effect disappears gradually without, apparently, any more alteration in the functions of the nerve filaments than that which follows the sleep of ordinary fatigue.

Chloretone is given for its hypnotic effect in a dose of 5 grains, to be repeated, if necessary, in half an hour, and at this interval, in exceptional cases, up to 20 or 25 grains. It is indicated in the insomnia of excitement, in sthenic cases only.

PUBLISHER'S NOTES—Cont'd

ANTITOXIN AND TOXIN- ANTITOXIN

The most important feature of products of this class is the accuracy with which they are standardized. Fortunately, both the diphtheria antitoxin and the prophylactic mixture admit of accurate standardization. The U. S. Public Health Service has fixed the toxin standard, and the antitoxin is standardized by being administered to test animals with the toxin in accurately graded amounts. Some of the animals die and some survive; and there is no element of chance in the test, for the animals themselves are standardized—by weight and otherwise.

Evidently the profession has no means of gauging the reliability of a diphtheria anti-

toxin or of a toxin-antitoxin mixture offered for sale except the reputation of the laboratory producing it. Even previous experience is not a reliable guide, for unless successive lots are uniform it signifies nothing. The label is a printed guaranty of quality, the value of which depends entirely upon the good name of the house whose signature it bears. Manifestly the physician must take the manufacturer's word for it. Hence the advisability of specifying on orders a producer that stands high in the confidence of physicians on general grounds—whose products as a whole bear the hallmark of quality.

Both Antitoxin and Toxin-Antitoxin are referred to in the advertisement of Parke, Davis & Co., appearing elsewhere in this issue.

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PUBLISHED MONTHLY

Volume IX

St. Augustine and Jacksonville, Florida, December, 1922

Number 6

ORIGINAL ARTICLES

SOME PRELIMINARY SUGGESTIONS IN X-RAY AND LABORATORY THERAPY.*

By R. R. KIME, M. D., F. A. C. S.,
Orlando, Florida

I have selected for discussion tonight a subject in which I am personally interested and find it an interesting line of work. In order to use X-ray intelligently one should know something of its physiologic, chemic, therapeutic and toxic effects.

One can not measure out a dose of X-ray as easy as measuring a dose of strychnia, nitroglycerin, hyoscyanic acid, morphine or atropin.

The dose of X-ray has many varying factors both in measuring and effect. For information along this line I wrote several hospitals and röntgenologists and received various and varying replies.

It seems that X-ray is yet in a transitional stage and there is no generally recognized standard method of measuring the dose.

The skin distance, filter, milliamperes, spark length, voltage and time must be considered as well as the effect of varying dosage on the blood, blood cells, normal tissues, new growths and diseased conditions of various organs of the body.

The laboratory is an essential factor as a guide in this work. Practical experience and investigation has given us an approximate erythema dose of X-ray and it is claimed by some that 90 per cent of this erythema dose is sufficient to destroy the activity and vitality of cancer cells, if it penetrates sufficient to reach them.

In superficial cancers penetration is not so important, even then some cases fail to

respond to X-ray until curetted or cauterized.

Lately I have had two cases of cancer of face which failed to respond to X-ray until I cauterized the growth; then results were rapid.

X-ray in the treatment of cancer gives great promise for the future. Even now in the majority of cases of any magnitude it is not justifiable to operate without pre- and post-operative X-ray radiation. When X-ray alone is used the dose and method of application is of prime importance, and should be regulated by the blood index.

In superficial cancer lesions mild doses of X-ray will frequently stimulate the growth and later render it incurable by X-ray, hence the necessity for sufficient dose to control, early in the treatment, if the skin will permit. In deeper cancers we have a more difficult condition to deal with, and penetration without damage becomes an important factor.

Medicine, surgery and, I might say, X-ray have their fads and fashions. The latest fashion in X-ray is high voltage (150,000 to 250,000 volts), twenty-inch spark and the massive kill or cure dose.

Each of you can remember how arsphenamin (606) in large doses was heralded as positive specific for syphilis and the Wassermann reaction as a positive indication of its presence or absence. Now each is assuming its proper place and value.

Massive doses of X-ray or radium are not without their dangers.

How to avoid the deleterious effects of X-ray and yet, at the same time, give sufficient dosage to destroy the activity and vitality of the cancer cells and aid in the elimination of the cancer growth, is the primal question for the surgeon and röntgenologist to consider.

*Read before Orange County Medical Society, July, 1922.

The effect of X-ray depends on the dose and intensity of the treatment. Röntgenologists and internists tell us that massive doses of X-ray "Destroy the lymphocytes, produce leukopenia, also atrophy of the spleen and lymphatics, and if large enough doses are given the blood may become free of white cells before death" (MacKee, p. 209). "Vigorous treatment of cancer of stomach with X-ray may produce albumen and casts in the urine, rapid destruction of red-blood cells fall in hæmaglobin, increase of mononuclear leukocytes at expense of the polynuclears. X-ray may destroy cancer cells, split cancer protein into toxic and non-toxic molecules, cause hemorrhage with liberation of enzymes capable of attacking neoplastic cells" (Smithies, p. 494).

"X-ray will split egg albumen into toxic and non-toxic proteins" (Vaughan-Letter).

"X-ray, in addition to destruction of abnormal cells, seems to promote the development of anti-bodies and vaccines" (Morton, p. 238).

"Malignant cells are relatively immune to X-ray during quiescent stage" (MacKee).

An editorial in July 15, 1922, issue *A. M. A. Journal*, states: "Experiments by Warren and Whipple indicate that systemic intoxication may be due primarily to injury of the epithelium of the small intestine. They found a unit dose, 350 M. A. Minuts, on chest produced no trouble, over abdomen produced fatal intoxication in four days."

In reply to my inquiry, one of the leading hospital's röntgenologists replied: "We give massive doses of X-ray which produce leukopenia; if it continues the patient dies, if it disappears the patient gets well."

MacKee states (p. 210): "In experimental work at the Rockefeller Institute they use X-ray for lymphocytic control in the guinea pig; if the normal number is reduced by one-half, the time of inoculation of the peritoneum with tuberculosis is greatly shortened. This indicates that the lymphocyte is directly or indirectly the natural defense of the organism against tuberculosis. By lowering

or destroying this defense, the host is at the mercy of the invader."

It is a well-established fact that X-ray will render both male and female sterile, that the nearer cell structures approach the embryonal type the greater the effect of X-ray on them.

The Vaughans in their book (*Protein Split-Products*, p. 458) state: "It seems to be a biological law that when a living cell is brought in contact with or permeated by a foreign protein, it tends to furnish a ferment which will digest or destroy the foreign body."

They also state (p. 420): "Injections of cancer residue and cancer vaccine in sheep and rabbits invariably increase the large mononuclear blood cells 100 to 200 per cent."

Dr. J. W. Vaughan has demonstrated that protein injections in man will produce the same results (*Trans. Resident and Non-Residents*, 1921, Mayo Clinic, p. 70).

Prof. Victor C. Vaughan (*Panama Commemoration*, p. 130) states: "Among the several kinds of white blood corpuscles, the large mononuclear cells are most effective in feeding on animal cells, whether native or foreign to the body, and are designated by Metchnikoff as macrophages. The polynuclear leukocytes play a more important role in bacterial infection and are denominated microphages. The former are able to engulf and digest a large number of cells (p. 134). "Exudates especially rich in mononuclear leukocytes are active as hemolytic agents but feeble in germicidal action, while those rich in polynuclear leukocytes have no hemolytic action, but are powerful bactericidal" (p. 133). "In natural immunity to tuberculosis, phagocytes develop into giant cells, destroy the bacilli and lead to calcification."

It has been demonstrated that the large mononuclear cells, "macrophages," are the scavengers in destroying cancer cells (Vaughan) and also in destroying the tubercle bacilli in tuberculosis (Gibson), and are very important factors in developing resisting powers in the human body.

Dr. J. W. Vaughan, Detroit (Trans. Resident and Non-Residents, 1921, Mayo Clinic), has given some very valuable data on the immune mechanism of the human body. He has demonstrated that the rapidity of cancer growths depend on the activity of the immune mechanism; the less active this mechanism the more rapid the cancer growth, the more active the immune mechanism the slower the cancer growth, and when the immune mechanism is destroyed the cancer growth is rapid. He has demonstrated that protein injections stimulate increased activity of this immune mechanism; the nearer the protein approaches the embryonal type the better the effect, placental residue being best; also the effect is increased from intra-cellular, intra-venous to intra-peritoneal injections, the latter being most efficient. If the immune mechanism is broken down and fails to respond, metastasis has taken place and the case is beyond operative measures.

The guide to this reaction of the immune mechanism is the relation of the large mononuclear cells to the polynuclears and total leukocyte count. These investigations are confirmed by Dr. Georgine Luden, Rochester, Minn. (Trans. 1921, Vol. II, p. 77, Residents and Non-Residents, Mayo Clinic).

So far in my work I find that X-ray in proper doses will produce reactically the same results on the immune mechanism as protein injections. Dr. J. D. Gibson, Denver, Col. (Paper, Radio Therapy in Tuberculosis, 1922), "utilizes the same principle in treating pulmonary tuberculosis with X-ray and claims he can raise the large mononuclear cells one to two thousand per cent in properly regulated doses, that it will increase the opsonins or complements in the blood and render the acid-fast, wax-coated tubercle bacilli in the lungs susceptible of destruction. He claims these combined factors in the proper use of X-ray will produce a definite, positive autogenous *anti-endotoxin* vaccine formation which gives a definite, positive specific for tuberculosis."

From the above data and other correlating X-ray factors I conclude that large massive doses of X-ray injures or destroys the immune mechanism in both cancer and tuberculosis. I also conclude, which has proven correct so far in my work, that properly graded doses of X-ray will stimulate and increase the activity of the immune mechanism (Vaughan) not only in cancer but in tuberculosis and other diseased conditions.

It seems to me it is self-evident we must depend on nature's forces to render the human body immune to the growth or advance of cancer or tuberculosis if we hope ultimately to control and eliminate the diseased condition. There is no question but that X-ray will in most cases destroy the activity and vitality of cancer cells if it reaches them in sufficient dose, but that dose, if possible, should be given without serious impairment or destruction of the immune mechanism of the body.

What benefit will a "massive" knock-out dose, that will destroy the *active cancer* cells, be to our patient if nature's resisting forces have been so crippled that they can not eliminate the poisonous toxins liberated, also disintegrate, eliminate, absorb or replace with new tissue the cancerous growth and ultimately deal with the latent cancer cells that were not destroyed?

With the present methods of measuring the dose of X-ray and with the guide of what I shall designate the blood index, the near future will give us a recognized method of treating cancer by X-ray without serious damage to other tissues and the immune mechanism of the body.

The advocates of the twenty-inch spark, high-voltage with massive doses, measured by the iontoquantimeter, have a grave responsibility to prove that such doses do not seriously impair the immune mechanism of the body, damage healthy tissues, overpower with liberated toxins and at times do not kill some cases that would get well under less heroic measures.

From present indications X-ray will soon be an important factor in treating pulmonary

tuberculosis, even if it does not prove to be a specific as claimed by Dr. Gibson. There is no question about X-ray increasing the activity of the immune mechanism, as it can be easily proven by the blood index, also that the X-rays penetrate the tissues of the lungs as you can see by this plate.

It was placed under the chest of a man of 160 pounds while taking the following dose: Sk. D. 13"—3 M. M. Al.—4 M. A.—4 Minuts with 75-inch spark, in the treatment of pulmonary tuberculosis. You will see the borders of the plate are unchanged, being protected by lead, the seven-inch circle being unprotected; in it you can see the ribs distinctly, which is positive proof the rays penetrated the chest.

It is now generally recognized that tuberculous glands in the majority of cases can be better treated by X-ray than by surgery, even in these cases the blood index is of value.

In hyperthyroidism X-ray is frequently of benefit and the treatment should be guided by the blood index coupled with the pulse rate and pulse pressure, the pulse rate and pulse pressure being an approximate guide of the basal metabolism.

In cases of enlarged tonsils and adenoids we have a very fruitful field for the use of X-ray. With its well-known effects on lymphoid and glandular structures, there is no question of its beneficial effects in these cases.

Surgery removes only the diseased tonsil and diseased adenoids, while the X-ray reaches not only the tonsils and adenoids but the adjacent structures. Hemorrhage, pneumonia, otitis media, abscess and even death may follow the surgical removal of tonsils; none of these occur in X-ray treatment.

Dr. A. D. Kaiser, Rochester, N. Y. (*A. M. A. Jour.*, June 17, 1922), reports 10,000 cases of tonsillectomy, 2,183 having enlarged cervical glands at time of operation. One year after operation on examination 55 per cent had improved, but 22 per cent new cases developed, making 2,100 cases with enlarged

cervical glands one year after operation. This would not be the case with X-ray treatment as it controls such conditions. X-ray destroys chronic infections in tonsils and adjacent structures, even controls diphtheria carriers, and if operation is needed later it is safer. Here the laboratory gives aid in demonstrating the variety of infection and furnishes a record of the blood index.

In conclusion I would suggest:

1. That X-ray in proper doses will stimulate the immune mechanism to increased activity in cases of cancer and tuberculosis.

2. That X-ray will greatly increase the large mononuclear leukocytes, which are the phagocytes or scavengers in these conditions.

3. That X-ray in sufficient dose will break up the cancer cells into toxic and non-toxic substances which will also stimulate the immune mechanism to increased activity if yet intact.

4. That X-ray in excessive doses will destroy the white blood cells and injure the red blood cells, also effect the healthy tissues.

5. That excessive doses of X-ray by destruction of the blood cells, breaking down of cancer cells, turning loose an excessive amount of poisonous toxins, and injuring healthy tissues, will tend to impair or destroy the immune mechanism of the body and leave the patient subject to the ravages of the invading host.

MEDICAL LEGISLATION.

J. D. RABORN, M. D.,

Plant City, Fla.

This subject is indeed somewhat out of our usual line of discussion and thought as members of the medical profession, but it is a subject which I think we should be very much concerned about, because it carries with it the establishment of good public health service. It helps us practitioners to maintain the dignity of our profession as well as protection to the laymen of inferior service at the hands of the impostor. With this thought in mind, I was stimulated with an

ambition to aspire to the office of representative of my county.

Knowing the defeat that we had met time and time again, I could not figure out the reason why, but from the experience I gathered during the session of the legislature of 1921, I was thoroughly convinced why our efforts had been unsuccessful. Our State Medical Association of Florida had prepared a number of bills asking the legislature to enact them in law, but was always in vain as far as the law regulating medical examinations of this state was concerned; the association would always appoint able counsel from the profession to meet the committees for both House and Senate to discuss the merits of these bills, but they would meet the opposing members of the profession on this bill and we would be accused of medical monopoly and combined trust to overpower some other branch of the medical profession and thereby stimulating a prejudice; by so doing, our bills met with defeat.

THE NEED FOR CONSTRUCTIVE AND REMEDIAL LEGISLATION IN FLORIDA.

Public Health Service.—The present law in which the public health of this state is governed does not give the State Board of Health very much control over the situations in reference to contagious and infectious diseases, but on my investigation I find that some of our nearby states have wonderful advantages over us when it comes to public health; namely, Alabama, Mississippi, Louisiana and Havana, Cuba.

The State Board of Health of these respective states have supreme power and control at their will under these conditions, and still there is room for improvement in their public health laws. If you remember, Havana, Cuba, formerly was one of the most unhealthy cities in the world, but it has become one of the most healthful due to their public health activity. They have prosecuted their duties without fear or favor regardless of cost, thereby giving them wonderful results. I have gathered some statistics from past

records of our State Board investigations, and the necessity of the continuance of this work, it seems to me, is very much in demand, if this report be true.

I will quote you statistics on hookworm disease in Florida:

"Surveys made by the State Board of Health in a number of counties in every section of the state have shown that 60 per cent or more of the children in our rural schools and some small towns are infected with hookworm disease. Examinations of the school children in Escambia county, diagnosis being made by the State Board of Health laboratory, showed that 85 per cent of the children in the rural schools were infected with hookworm disease, and the same conditions prevail in a number of other counties in the state. Some counties in South Florida show a slightly less percentage in infection. An average infection with hookworm disease decreases efficiency about 40 per cent, while highly infected persons are almost wholly deficient. It has been shown that where hookworm has been eliminated in schools that the general average in studies has increased more than 30 per cent for the school as a whole, and in some individual cases as high as 60 per cent. A large percentage of our three million dollars spent annually on our schools is wasted on account of hookworm infection. The inefficiency of our labor in Florida and other Southern States, as compared with labor in the more Northern States, is due mainly to hookworm infection. The economic loss to the state through hookworm disease alone amounts to several million dollars annually."

Trachoma.—Trachoma is a dangerous contagious disease of the eye, which is becoming very prevalent in Florida. Owing to its insidious nature, it is seldom recognized in its early stage because of the slight inconvenience caused by it. The only way to find it is to look for it through a medical examination of school children. Trachoma, if not recognized and treated in its early stages, practically always leads to serious permanent impairment of vision and func-

tion and sometimes total blindness. Examination of school children by the State Board of Health in a number of counties in the different sections of the state shows that from 3 per cent to 6 per cent of the children in the various counties of the state are infected with trachoma. The school census shows that there are 180,000 white children of school age in the state, which means that there are between seven and eight thousand white children in the state infected with this disease. During the past year, more than five hundred of the school children of the state have been operated on and cured of trachoma by the State Board of Health, and probably as many more have been treated by specialists as a result of the examination of the school children by the State Board of Health. More than three hundred children in Escambia county have been treated during the past two years, namely, 1919 and 1920. These are the latest statistics for the reason that the last session of the Legislature cut down our appropriation; hence the Public Health Board was not financially able to continue this work, and I insist that it was a serious mistake that the Legislature of 1921 did not recognize this important service.

Veneral Disease. — From a Government report, rendered by the Health Bureau of the United States Public Service during the war, it was shown that Florida soldiers that entered the service through the draft law were infected with this disease more than any other state in the Union. Now this is applied to the drafted men and volunteers of both army and navy. If you remember, the age limit of the draft law was from twenty-one to thirty-one. Now suppose we had a report showing the number of infected persons of all ages, races and sex in this state, don't you imagine that the report would be startling? At one time our State Board of Health, through the assistance of the Public Health Service of the United States, put on a publicity campaign in the form of a motion picture, and I think that they did a wonderful work, because they established in different towns and communities clinics where

the patients that were not able to pay for being treated would receive treatment and get well, but because of reduction of the appropriation of 1921, which I have referred to above, placed our Public Health Service in this state unable to continue this work.

Statistics, gathered from the insane asylum of the State of Florida, show that approximately 60 per cent of the inmates of this asylum is due to the infection of venereal disease. Statistics from the blind academy of this state show that 20 per cent of the blindness of children is due to gonorrhea infection of the eyes when they were born. Statistics from the surgeon's report of the United States, where correct diagnosis has been made, show that 80 per cent of the operations on "women" are caused by infection of venereal disease.

Now we have an interstate law controlled by the United States Public Health Service, where we can detain a patient and punish him if he comes from another state into our state without a health certificate from his physician in his respective state, showing that his condition is not transmissible to the public. We need some state laws that will carry out the principle of the United States Public Health laws, that will give our health officers more active power without going through so much red tape. I have a decision rendered by the Alabama Court of Appeal in case of *Dowling vs. Harden*, 88 So. 217. In this case the defendant was arrested for vagrancy and bound over for trial, being released by the court on bond. In the meantime the health officer placed her in quarantine for being a person reasonably suspected of having a venereal disease in a communicable state. The defendant sued out a writ of habeas corpus which was granted by the Circuit Court. An appeal was duly taken by the health officer to the Court of Appeal, which reversed the action of the Circuit Court, holding that "persons affected, or suspected of being infected with disease known to be infectious or contagious, may be segregated or isolated from the public, and persons under legal charge of crime may be,

when so affected, segregated from their fellows. When so quarantined, they are subject to such reasonable examination as necessary to satisfy the health authorities that their release will not endanger the public." I quote this to show you that we can handle a case through this red-tape route, but it would be far better to enact into law in this state laws that will carry out this principle without so much cost, expense and delay.

THE WEAK POINTS OF THE COMPOSITE
MEDICAL PRACTICE ACT.

I will state in the beginning of my discussion that this is one of the best laws that we have ever been able to get in the history of the state, and still it is not as good as it can be made. In the first place it is objectionable. I will refer you to section 3, line one, where it reads: "Board Appointments." The law says the Governor shall appoint various numbers of physicians, namely, five allopaths, three eclectics and two homeopathics constituting the board of medical attorneys. Now, why do the members of this board have to be appointed by the executive officer of this state? Does it not place our board in a very critical situation? I should say it does, because we are under the hammer of the political machine of this state, regardless of our honest intentions of carrying out the law.

I want to compliment our present executive officer, namely, Governor Hardee, for his carefulness in appointing our members of the board, for I do not think they could have been selected any better. But what are we going to do when men like Sidney J. Catts get in power? If you remember the strife and trouble we had during his administration, and the numbers of changes made in the members of the different boards, I say that this particular feature of the bill is dangerous, and I think we ought to have a law passed taking the appointment of the members of the Medical Examining Board out of the political machine of this state and let them be selected by the Medical Association of this state, as they are in other states. I do

not want to be misunderstood right here—that I think they should all be allopathic physicians. I think the representation of the different branches of medicine should be covered entirely and should be represented on this board, but I do think that the Medical Association of this state should dictate as to who these representatives should be. The same feature exists on the Public Health Board for this state, and I think that our profession should be recognized in their recommendation of the State Board of Health.

Now the question arises, how are we going to remedy this? We are going to remedy this through the efforts of organized medicine in the State of Florida. I think that the Medical Association of this state should appoint a publicity committee selected from the very best men of the profession, collect statistics and reports of actual conditions, put them in print and publish them in such a way that every citizen of this state can familiarize himself with our needs for better laws to protect the public health. In this plan we would be able to educate the people of Florida to this end, and I think it will stimulate the confidence of the public in the medical profession of this state. Whenever this is accomplished, the people of Florida will enact into law any measure that the medical profession recommends concerning the diseases and inferior practice of medicine in this state.

Now, the plan that we adopted while I was in the Legislature was educating my fellow representatives up to the point showing them the merits of my bill and where the public of the State of Florida will be benefited. We did this by individual tactics and various methods; hence, we had no trouble of a very serious nature in getting my bills through the House. But when it reached the Senate, not having a doctor in the Senate to explain the merits of these bills, we were only successful in getting very few of them through, but if you will recall, we got the majority of them through the House. I think that our profession should get into politics

more in the future than they have in the past; that is to say, let some of the doctors go to the House of Representatives and the Senate. In this way we can do things. Now, I took an inventory of the House to show you that I am correct on this point as to the number of lawyers that were in session of 1921; there were twenty-three lawyers in the House and fourteen lawyers in the Senate. Now, suppose there had been twenty-three doctors in the House and fourteen doctors in the Senate, there is not a single bill that I introduced but what would have been a law today, because I do not think that I introduced a single bill but what was wholesome legislation for the Public Health Service in this state and a benefit to the people at large. I think it is up to the medical profession in Florida to realize the responsibility of this condition, and every doctor connected with the profession should put his shoulder to the wheel and push every pound and ounce he can, and in the near future we will have one of the first states in the Union when it comes to medical efficiency and public health service.

MOLLUSCUM CONTAGIOSUM WITH MULTIPLE LESIONS ON BODY AND EXTREMITIES.

J. L. KIRBY-SMITH, M. D.,
Jacksonville, Fla.

Molluscum contagiosum is somewhat of a rare dermatosis in this part of the United States.

A fair estimation of its occurrence in a dermatological practice here would be one in a thousand patients, then too, as a rule, occurring with one or more scattered lesions on the face and usually the patient a child.

With the preceding summary of the writer's experience with molluscum contagiosum a report is here given of three cases of the disease with multiple lesions occurring over the general surface of the body and extremities; none on the face, and all three of the patients past ten years of age.

The three cases seen in the space of two months:

CASE 1.—March, 1922, H. P., clerk, age 20, Y. M. C. A., referred by Dr. Haskell, Jacksonville. Durations of lesions two months, general condition of patient good, no history of any other skin affection. Scattered over the trunk, thighs, and arms of the patient were counted eighty-eight molluscum contagiosum lesions of different sizes; none were found on the face or hands. At first glance from a distance the eruption was not unlike that of variola. Each and every one of the lesions on close examination showed the characteristic pearly papules, umbilication, and central depression, in size varying from a pinhead to that of a medium-sized pea. A few of the large lesions were slightly infected, itching being present at times.

There was nothing in the history of the patient to trace the origin of the disease, aside from a regular use of the Y. M. C. A. gymnasium and the swimming pool.

The treatment was curettement and 50 per cent nitrate of silver solution. Three visits were required to obliterate all of the molluscum lesions. (Topical applications of 4 per cent cocain solution preceding the Ag. No. 3.)

CASE 2.—April 22, W. R., referred by Dr. Randolph, Jacksonville; age 15, high school student. Duration of the eruption five weeks. A large, well-developed athletic boy, no history of previous skin affections. Examination of the skin of the body and arms revealed thirty-seven typical lesions of molluscum contagiosum, variously developed from minute pearly papules the size of a pinhead to that of a small pea. There were fifteen of the molluscum papules on the arms of the patient and twenty-two on the trunk, and in this latter location most of the lesions were found about the abdomen. Here the first of the eruption was noted and some of the papules had been scratched open. On the arms, the forearms, were many lesions, a few were found on the back of the hand.

Treatment by curettement and nitrate of silver solution was thoroughly successful. Four visits were necessary to destroy all of the disease.

CASE 3.—April, 1922, S. T., referred by Dr. Hartman, Jacksonville; age 10, school-girl, a normal, healthy girl. Negative history of past skin or other diseases. Duration of the present eruption six weeks. Two molluscum lesions in the left axilla had been excised by a local surgeon a week previous to being seen and the wound was still present. Examination of the skin disclosed fifteen scattered molluscum lesions located on the thorax and arms, none on the face or hands or lower extremities, all of the papules with characteristic color and umbilication or central depression.

Treatment by curettement and silver nitrate solution was successful. One treatment was sufficient.

The writer would call attention to these three cases of molluscum contagiosum on account of the number of lesions present, absence of lesions on the face, age of patients, 10, 15 and 20, and the fact that the disease is very uncommon in Florida. The three cases were seen in two months' time; also none of the patients had been in association with the other, nor was there obtainable a history of an exposure to others with the same disease.

TESTS FOR DEAFNESS.

FRED J. WALTER, M. D.

It would be difficult to improve upon some of the old tests for deafness, and yet it is astonishing how few average practitioners make a test worthwhile before sending their cases to an aurist. The well-known tests are simple if once mastered. It is to call attention to these tests rather than to present anything new that this paper is being written. Every medical man should know them, though few seem to be able to comprehend them. A knowledge and use of them will detect beginning defects which are so important with respect to a cure. The watch test is subject to much inaccuracy. However the watch test is still being used. One should keep in mind the fact that, as in the voice and tuning fork, the high pitch is heard best when there is middle ear disease and the low

pitch when there is labyrinthian complications.

Perhaps the most simple test is the Weber test, in which the tuning fork is placed upon the median line of the skull. If there be stoppage of the external auditory canal, middle ear disease or disease of one or both ears involving the Eustachian tube, the tuning fork will be heard loudest on the diseased side. A fork of 256 vibrations is preferred. If the labyrinth is diseased, the vibrations may be heard only on the side of the good ear. In disease of both the middle ear and labyrinth we may have two opposing conditions.

A routine classical test is the Rinne test, introduced by Rinne, of Prague, nearly seventy years ago. In the normal ear sound is heard longer through the air than through the mastoid; this averages from fifteen to twenty seconds. A fork of 256 vibrations is placed upon the mastoid and the time noted and quickly transferred before the ear, always noting the revival of vibrations and length of time. Should the vibrations be heard for fifteen to twenty seconds we register "Rinne normal." If, say five seconds, we register "Rinne plus (positive) 5." Should the vibrations not be heard by air, we register "Rinne (negative)." This test gives more accurate knowledge of the sound conducting apparatus than of the perceiving apparatus.

In the application of the Rinne test the record can be made as set forth by Dundas Grant, viz:

A C=Air conduction.

B C=Bone conduction.

A O D=Aero-osseal difference, or 20" (20 seconds).

N A O D=Normal aero-osseal difference.

A C = B C (bone conduction) plus 20".

N A O D = 20" Rinne positive, *i. e.*, conducting apparatus normal.

N A O D—10" Rinne positive, but shortened conductive apparatus is one-half affected.

N A O D—20" Bone and air conduction the same. Rinne negative, the conductive apparatus considerably affected.

N A O D — B C = Positive Rinne. Disease of the perceiving apparatus.

N A O D (B C + 10") = Partial disease of the perceiving apparatus.

N A O D (B C + 10") — (A C + 10") Disease of the perceiving apparatus.

(After N A O D is supposed to be a minus sign.)

HERE AND THERE.

At its annual meeting, held in St. Petersburg October 13th, the Pinellas County Medical Society elected as officers: Ralph D. Murphy, president; O. M. Knox, vice-president; T. R. Griffin, vice-president; O. O. Feaster, secretary; G. M. Lochner, treasurer; J. A. Hardenbergh, censor.

For the past two years located in St. Petersburg, Dr. J. H. Evans has returned to Keesville, N. Y., his former home, to resume practice.

Dr. Carl A. Williams has relocated in St. Petersburg after a year's absence.

An item of \$150,000 for an eighty-bed addition to the city hospital is included in the bond election soon to be held in St. Petersburg.

Dr. H. I. Thomson, until recently of Dunnellon, has purchased the practice of Dr. T. H. Green, of St. Petersburg. The latter has left that city.

The Orange County Medical Society has issued the following well-timed letter to the Governor and members of the legislature:

"We desire to call to your attention the reduction in millage made by the 1921 legislature which had formerly been applied to the State Board of Health work. As we understand it, the reduction in millage was made on the recommendation of the retiring Board of Health. It was based on the mis-

conception of the amount of property on which the tax would be levied.

"This has resulted in many retrenchments of the work of the Board of Health—necessitating the closing of several laboratories, the inability to open others where they would be of great service, curtailment in public health activities, especially work in the bureau child welfare, crippled children, venereal disease control, and extension of antituberculosis work.

"This state is the playground of the nation; people are coming from all sections, bringing all their diseases to us, and in order to protect ourselves and our children, it is essential that the Board of Health be given a liberal appropriation so that its hands may not be tied in its effort to keep us in the front ranks of the states who are doing the most to conserve life and health.

"To this end we pray you that at the coming session of the legislature you use your influence to the end that the former millage be restored, in order that the work of the Board of Health may be a credit as well as a benefit to ourselves.

"Sincerely,

"G. H. EDWARDS, *Secretary.*"

PROPAGANDA FOR REFORM.

MORE MISBRANDED NOSTRUMS.—The following products have been the subject of prosecution by the federal authorities charged with the enforcement of the Food and Drug Act: Simmons' Cough Sirup (A. B. Richards Medicine Co.) consisting essentially of ammonium chlorid, glycerin, chloroform, vegetable extracts, alcohol, sugar and water, flavored with anise; Hobbs' Nerve Pills (Hobbs' Spanish-American Medicine Company) consisting essentially of powdered iron, quinin, licorice, starch and traces of arsenic and strychnin; Mando Tablets (Garcey's Drug Store) containing extracts of nux vomica and damiana; Castleberry's Sexual Pills (Allan-Pfeiffer Chemical Co.) consisting of an iron compound, extracts of Spanish fly and nux vomica, chalk and sugar; Fackler's Compound Ex-

tract of Damiana consisting of extract of plant drugs, including nux vomica, damiana and saw palmetto and also extract of Spanish fly, sugar, alcohol and water. (*Jour. A. M. A.*, Dec. 2, 1922, p. 1949.)

SILICON IN TUBERCULOSIS.—In Germany the use of preparations of silicon in the treatment of tuberculosis has been proposed on the assertion that silica was found in calcified tuberculous lesions and lung stones and that, consequently, silicon, as well as calcium, is an important element in the formation of the beneficent scar tissues whereby the lesions are healed. However, Maver and Wells of the University of Chicago find that the content of silica is no larger than one finds in comparable uncalcified tissues of adults. The use of silicon in therapy requires better evidence than is now available. (*Jour. A. M. A.*, Dec. 2, 1922, p. 1935.)

MORE MISBRANDED NOSTRUMS.—The following products have been the subject of prosecution by the federal authorities charged with the enforcement of the Food and Drug Act: Hebras Blood, Liver and Nerve Tonic (G. C. Bittner Co.), consisting essentially of epsom salt, a small amount of plant material, a trace of salicylic acid and water. Hull's Superlative Compound (A. J. Hull Medicine Co.), consisting essentially of extracts of plant drugs, including cinchona, a volatile oil, alcohol and water. Hull's Superlative Liniment (A. J. Hull Medicine Co.), consisting of oils of cedar, thyme and probably wormwood, camphor and alcohol. Bristol's Sarsaparilla Compound (Lanman & Kemp, Inc.), consisting essentially of alcohol, sugar, potassium iodid and small amounts of extractives of vegetable drugs, including a laxative, and traces of a volatile oil. Kem's Anacahuita Pectoral Compound (Lanmen & Kemp, Inc.), consisting essentially of alcohol, sugar and small amounts of vegetable extractives, magnesium and ammonium salts. (*Jour. A. M. A.*, Dec. 9, 1922, p. 2021.)

NEUTRAL ACRIFLAVINE IN SEPTICEMIA.—Neutral acriflavine has been used intravenously in septicemia and similar conditions, but the available evidence does not demonstrate the value of the drug in these conditions. Also, the available evidence is insufficient to judge whether the intravenous use of the drug has dangers other than those inherent in intravenous medication. (*Jour. A. M. A.*, Dec. 9, 1922, p. 2023.)

THE PROPAGANDA FOR REFORM IN ESTHONIA.—Physicians the world over have long recognized that the claims for proprietary medicines put forward by those who are financially interested in sale are always over-optimistic, often unwarranted and not infrequently deliberately misleading and fraudulent. It is natural, therefore, that the widespread significance of the work of the Council on Pharmacy and Chemistry of the American Medical Association should have attracted the attention of the medical profession of all civilized countries and suggested the inaugurating of similar reform. An institute for drug control has been established in the Netherlands. Efforts toward the establishment of bodies patterned after the Council on Pharmacy and Chemistry have been reported in the past from Germany, Italy and Belgium. Now comes a message from Esthonia—formerly a Baltic province of Russia, but now an independent state—that the achievement of our Council are an incentive toward the inauguration of similar work in that country. (*Jour. A. M. A.*, Dec. 9, 1922, p. 2020.)

"ESTEROL" NOT ADMITTED TO N. N. R.—"Esterol" is the proprietary and non-descriptive name under which the firm of Frederick Stearns and Co. markets benzyl succinate. Benzyl succinate has been admitted to New and Nonofficial Remedies. Its properties are similar to those of benzyl benzoate, but being insoluble, it is almost tasteless and does not produce gastric discomfort. The Council on Pharmacy and Chemistry declared the proprietary brand of benzyl succinate sold as "Esterol" inadmissible because: (1) Stearns and Co. are neither the discoverers

of the product nor of the therapeutic properties and therefore are not entitled to apply a proprietary name to the product. (2) The labels of the trade packages contain recommendations for the use of Esterol in dysmenorrhea, asthma, colic, hiccup and thus advertises it indirectly to the public. (*Jour. A. M. A.*, Dec. 16, 1922, p. 2102.)

CLUTTERING OF PHARMACEUTICAL NOMENCLATURE.—Esterol is Frederick Stearns and Company's proprietary name for benzyl succinate. The product per se is unobjectionable. The fundamental objection to Esterol and the chief reason for its non-admission to New and Nonofficial Remedies is its name. A multiplicity of names for any one medicinal substance is against the interests, not only of scientific prescribing, but also of public welfare. When acentanilid was first introduced under a thousand and one names, cases were reported in medical literature of physicians calling for acetanilid under two or more names in the same prescription. More recently there was the ridiculous duplication of names for hexamethylenamin. Later yet came the even greater duplication in the case of phenolphthalein. Had Stearns and Co. been content to market their brand of benzyl succinate as Benzyl succinate-Stearns, the product as far as the name is concerned, would have been acceptable for New and Nonofficial Remedies. Such a name would give the firm any legitimate protection which it should desire and at the same time give physicians full information about its composition. (*Jour. A. M. A.*, Dec. 16, 1922, p. 2090.)

MORE MISBRANDED NOSTRUMS.—The following products have been the subject of prosecution by the federal authorities charged with the enforcement of the Food and Drugs Act: Allen's Ulcerine Salve (J. P. Allen Medicine Co.), consisting essentially of lead soap and linseed oil. Ward's Celebrated Liniment (Dr. Ward's Medical Co.), consisting of alcohol, soap, sassafras oil, extract of red pepper and colored water. Ward's Lung Balsam (Dr. Ward's Medical Co.), consisting of chloroform, menthol, tar,

ipecac extract, ammonium chlorid, sugar, alcohol and colored water. Ward's Kidney and Bladder Remedy (Dr. Ward's Medical Co.), consisting of extract of bearberry and cascara sagrada, sodium phosphate, sodium acetate, alcohol and water sweetened with saccharin and flavored with lemon oil. Ward's Sarsaparilla Compound (Dr. Ward's Medical Co.), consisting of sarsaparilla extract, anise oil, sassafras oil, a trace of potassium iodid, alcohol and colored water. Ward's Kidney and Backache Pills (Dr. Ward's Medical Co.), consisting of methylene blue, bearberry, digitalis, aloes, a trace of buchu and an aromatic oil. Durand's Swiss Herb Tea (Durand Medicine Co.), consisting of a mixture of plant drugs including senna, fennel seed, orange peel, licorice root, juniper berries, althea root, sassafras bark, lavender flowers, buckthorn bark, red clover tops and saffron.

FERRALINE (Feraline Medicine Co.), consisting essentially of iron sulphate with other iron compounds and water. Crab Orchard Mineral Water (L. H. Goodwin and Co.), a highly mineralized water, the dissolved mineral matter consisting chiefly of Glauber's and Epsom salts. (*Jour. A. M. A.*, Dec. 16, 1922, p. 2103.)

ABSORBINE, JR.—A liniment almost identical in physical appearance may be made from the following formula: oil of wormwood, 1 dram; oil of sassafras, 26 minims; menthol, 15 grains; acetone, sufficient to make 11 drams. (*Jour. A. M. A.*, Dec. 23, 1922, p. 2184.)

COLLENE NOT ACCEPTABLE FOR N. N. R.—Collene (Collene Laboratories, Inc., New York) is said to be a solution in distilled water of 0.05 per cent of colloidal silver in the metallic state. Many sweeping statements are made of superiority and therapeutic value of Collene, but they are based on no adequate evidence. Aside from the general misleading tenor of the advertising, the Council on Pharmacy and Chemistry found when it took up the consideration of Collene discrepancies between facts and claims. The Collene Laboratories claimed

0.05 per cent of colloidal silver, while the Council's examination showed that, in effect, the silver content of Collene was not colloidal but ionic. The ionic content of Collene indicates that the antiseptic effect of Collene is of similar origin to that of silver nitrate and not to its alleged colloidal nature. In view of the ionic silver present the claimed non-toxic effects are inherently improbable.

Instead of being acid free as claimed, Collene has a slight acidity and this may be responsible for its irritant effects on sensitive tissues. The Council declared Collene not acceptable for New and Nonofficial Remedies because its composition is not correctly declared and because of the extravagant and misleading tenor of the advertising. (*Jour. A. M. A.*, Dec. 23, 1922, p. 2181.)

MORE MISBRANDED NOSTRUMS.—The following products have been the subject of prosecution by the federal authorities charged with the enforcement of the Food and Drugs Act: Lungardia (Lungardia Co.), consisting essentially of kerosene oil, turpentine oil, cassia oil, clove oil, extract from a laxative plant drug, sugar, gum, alcohol and water. Garrin's Blood Purifier and Tonic (Garrin Medicine Co. and Ashville Medicine Co.), consisting essentially of alcohol, glycerine, sodium benzoate and water with extracts of plant drugs, including golden seal. Deer Lick Spring Water (California Medicinal Springs Co.), water containing mineral matter consisting chiefly of chlorids of sodium, magnesium and calcium, sulphate and bicarbonate of calcium, and sulphid of sodium. Lee's Hazel Antiseptic Cones (Hazel Hygienic Co.), perfumed suppositories composed of boric acid, sodium salicylate, a trace of zinc salt and cacao butter. (*Jour. A. M. A.*, Dec. 23, 1922, p. 2182.)

HAYES ASTHMA REMEDY.—This preparation is exploited by P. Harold Hayes, Buffalo, N. Y. Some years ago, six of the seven remedies were examined. The analysts reported one, a cough medicine, to contain oils of turpentine, peppermint, etc., emulsified and sweetened. A second contained potassium iodid. A third preparation was

reported to contain potassium, sodium and ammonium iodid. A fourth preparation contained iron peptonate. A fifth preparation consisted of capsules containing quinin sulphate. A sixth preparation consisted of pills which contained as their active constituent resin of jalap. (*Jour. A. M. A.*, Dec. 30, 1922, p. 2248.)

TWO ELECTRONIC DIAGNOSES OF ABRAMS.—Instead of the blood of a patient, a physician sent the blood of a guinea pig to one J. W. Eisiminger of Oklahoma City who operates a physico-chemical laboratory for the electronic reactions of Abrams. Eisiminger is an osteopath. The report received by the physician on the patient, whose history was sent in, reads as follows:

"Congenital diminished resistance, cerebro-spinal and digestive strain, 39 ohms, Metastatic Carcinoma, 6 Liver and right colon, Tuberculosis Genito-urinary tract, 6 ohms. Colisepsis, 4 ohms. streptococci, infection, 12-25 ohms. in gall bladder region."

Another physician states that he sent Eisiminger some sheep's blood on blotting paper with a blank supposedly for a fifteen-year-old boy. This physician received the following diagnosis:

"Congenital diminished resistance cerebro-spinal strain 38 ohms. Metastatic carcinoma of left lung and pancreas, 8 ohms. Neisserian infection genito-urinary tract, eyes, 4 ohms. Tuberculosis of genito-urinary tract, 4 ohms."

However, it is possible that these blood specimens were not taken in subdued light and that Eisiminger was not informed if the subjects had red hair nor of their religious faith—factors which are said to play an important part in diagnoses made by the Abrams method. (*Jour. A. M. A.*, Dec. 30, 1922, p. 2247.)

NEW AND NONOFFICIAL REMEDIES.

ANTIANTHRAX SERUM—P. D. AND CO.—An antianthrax serum (see New and Non-official Remedies, 1923, p. 284), marketed in

The Journal of The Florida Medical Association

Owned and published by the Florida Medical Association.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at St. Augustine and Jacksonville. Price \$1.50 per year; 15 cents per single number.

Contributions for publication in this journal, whether scientific papers or reports of County Secretaries, should be typewritten.

Address Journal of the Florida Medical Association, St. Augustine, Florida, or 602-603 Consolidated Building, Jacksonville, Fla.

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syringes containing 50 c.c. Parke, Davis and Co., Detroit.

ANTIMENINGOCOCCIC SERUM-P. D. AND Co.—An antimeningococcus serum (see New and Nonofficial Remedies, 1922, p. 286), marketed in packages of two syringes, each containing 15 c.c.; also in packages of one syringe containing 50 c.c. Parke, Davis and Co., Detroit.

DIPHtheria TOXIN-ANTITOXIN MIXTURE-P. D. AND Co.—A diphtheria antitoxin-toxin mixture (see New and Nonofficial Remedies, 1922, p. 282). Each cubic centimeter represents a single human dose. It is marketed in packages of three bulbs representing one immunizing treatment; also in vials containing 20 c.c. Parke, Davis and Co., Detroit.

TUBERCULIN B. F. (BOVINE)-P. D. AND Co.—A preparation of tuberculin Denys (see New and Nonofficial Remedies, 1922, p. 296). It is made in the same manner as tuberculin Denys (Human), except that the bovine type of tubercle bacillus is used. It is marketed in packages of six 1 c.c. sealed glass tubes. Parke, Davis and Co., Detroit.

BORCHERDT'S MALT COD LIVER OIL AND PHOSPHORUS. — Each 100 c.c. contains phosphorus, 0.009 gm.; cod liver oil, 25 c.c., and malt extract (plain), 75 c.c. (See New and Nonofficial Remedies, 1922, p. 176.) Borchardt Malt Extract Co., Chicago. (*Jour. A. M. A.*, July 8, 1922, p. 135.)

YEAST PREPARATIONS.—The Council on Pharmacy and Chemistry has adopted a general discussion of yeast preparations for inclusion in New and Nonofficial Remedies. In this article it is stated:

"The use of yeast as a bactericide in external infections has been practically abandoned. Yeast and preparations derived therefrom have been widely extolled of late as sources of vitamin B whenever there may be indications for its therapeutic use. However, these indications are so indefinite and the opportunities of obtaining vitamin B through the customary foods are so abundant that the demand for yeast vitamin seems to be limited. The therapeutic aspects

of the vitamin problem are still in the experimental stage. Yeast has a laxative action, but the cause of this action is not known. Yeast has been recommended for internal administration because of its supposed beneficial effects upon furuncles, acne, etc. Many clinicians doubt this effect, which may, after all, be expected from any anticonstipation agent. It is not clear to what extent, if at all, live cultures of yeast may be used to change the intestinal flora in cases where such a change is desirable." (*Jour. A. M. A.*, July 8, 1922, p. 135.)

TYPHOID VACCINE (PROPHYLACTIC)-P. D. AND Co.—A typhoid vaccine (see New and Nonofficial Remedies, 1922, p. 310). Marketed in packages of three ampules, containing 500 million, 1,000 million and 1,000 million killed bacteria, respectively; also in packages of three syringes, containing 500 million, 1,000 million and 1,000 million killed bacteria, respectively. Parke, Davis and Co., Detroit.

PITUITARY EXTRACT-LEDERLE (OBSTETRICAL).—An extract of the posterior lobe of the pituitary body of cattle, approximately two and one-half times the strength of solution of hypophysis, U. S. P., preserved by the addition of chlorbutanol. For actions and uses, see New and Nonofficial Remedies, 1922, p. 213, under Pituitary Gland. Pituitary Extract-Lederle (Obstetrical) is marketed in 0.5 c.c. and 1 c.c. ampules. Lederle Antitoxin Laboratories, New York.

PITUITARY EXTRACT-LEDERLE (SURGICAL).—An extract of the posterior lobe of the pituitary body of cattle, approximately five times the strength of solution of hypophysis, U. S. P., preserved by the addition of chlorbutanol. For actions and uses, see under Pituitary Gland, New and Nonofficial Remedies, 1922, p. 213. Marketed in 5 c.c. vials. Lederle Antitoxin Laboratories, New York.

GONOCOCCUS VACCINE-P. D. AND Co.—A gonococcus vaccine (see New and Nonofficial Remedies, 1922, p. 301). Marketed in packages of four 1 c.c. bulbs, each containing 1,000 million killed bacteria, in packages

of four 1 c.c. syringes, each containing 1,000 million killed bacteria; also in 5 c.c. and 20 c.c. bulbs containing 1,000 million killed bacteria per cubic centimeter. Parke Davis and Co., Detroit.

FURUNCULOSIS VACCINE-P. D. AND Co.—A staphylococcus vaccine (see New and Nonofficial Remedies, 1922, p. 306). Marketed in packages of four 1 c.c. bulbs, each containing 2,000 million killed *Staphylococcus aureus* obtained from furuncular lesions; in four 1 c.c. syringes, each containing 2,000 million killed staphylococci; also in 5 c.c. and 20 c.c. bulbs, each containing 2,000 million killed staphylococci per cubic centimeter.

STAPHYLOCOCCUS (COMBINED)-P. D. AND Co.—A staphylococcus vaccine (see New and Nonofficial Remedies, 1922, p. 306). Marketed in four 1 c.c. bulbs, each containing 1,000 million killed *Staphylococcus albus* and 1,000 million killed *Staphylococcus aureus*; in four 1 c.c. syringes, each containing 1,000 million killed *Staphylococcus albus* and 1,000 million killed *Staphylococcus aureus*; also in 5 c.c. and 20 c.c. bulbs, containing 1,000 million killed *Staphylococcus albus* and 1,000 million killed *Staphylococcus aureus* per cubic centimeter. Parke, Davis and Co., Detroit.

ALBUMIN MILK-HOOS.—DRIED PROTEIN MILK.—A modified milk preparation having a relatively high protein content and a relatively low carbohydrate content. Each 100 gm. contains, approximately, protein, 30 gm.; butterfat, 25 gm.; milk sugar, 15 gm.; ash, 4 gm.; and small amounts of free lactic acid. When suitably mixed with water, Albumin Milk-Hoos is said to be useful for correcting intestinal disorders of infants and children. Louis Hoos, Chicago.

VACCINE VIRUS-P. D. AND Co.—A vaccine virus (see New and Nonofficial Remedies, 1922, p. 290). Marketed in packages containing one capillary tube and in packages containing five capillary tubes. Each package is accompanied by a bulb for ejecting and a needle for scarifying. Parke, Davis and Co., Detroit.

PUBLISHER'S NOTES



THE NEW HOME OF HYNSON,
WESTCOTT & DUNNING OF
BALTIMORE.

This national drug firm has just erected and occupied its own building at Charles and Chase streets, Baltimore. The building is artistic in appearance and adapted to accommodate the several departments of their rapidly developing business which began in a small way in 1889, but has grown to a million a year, with an organization of 125 people. Their unique sales department alone comprises 19 men who visit physicians in all parts of the United States but do not sell goods. Thirty-five of their products have been accepted by the Council and are advertised in this *Journal*. None of their preparations are offered direct to the public but are introduced to the medical profession for the use of physicians and their patients. Mr. H. P. Hynson, one of the founders, died in 1921; but their growing business has now been established in new quarters under the

immediate supervision of Messrs. James W. Westcott and H. A. B. Dunning (the latter being the active administrator) with a highly trained force, equipped to meet promptly the demands of the medical profession anywhere and at all times.

IN THE INTEREST OF ACTIVE
IMMUNITY.

Diphtheria can be prevented as surely as smallpox or typhoid fever. And by the same means—the use of a modified specific toxin. In the case of diphtheria the modification is effected by mixing the toxin with antitoxin. The toxin is first standardized to a degree of accuracy that rivals the inerrancy of a chemical reaction; and the antitoxin is standardized in units (both by official processes). This modified toxin (called toxin-antitoxin) does not produce any of the symptoms of diphtheria, but nevertheless it stimulates the body cells to produce antitoxin; and this antitoxin, unlike that introduced into the blood from without, remains a part of the patient's equipment and protection indefinitely—for several years at least, and perhaps for life.

All children between six months and six years should be immunized with toxin-antitoxin; others, if shown to be Schick negative, need not be. Parke, Davis & Co. have an interesting reprint on this subject which they would doubtless send to any inquiring physician.

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PUBLISHED MONTHLY

Volume IX

St. Augustine and Jacksonville, Florida, January, 1923

Number 7

ORIGINAL ARTICLES

CATATONIC DEMENTIA PRAECOX; PHYSIOTHERAPEUTICS, AND RE- SULTS OBTAINED IN A SERIES OF TWENTY CASES.*

By DANIEL C. MAIN, M. D.,

*Clinical Director, St. Elizabeth Hospital,
Washington, D. C.*

Our conceptions of the role which physical therapy is able to play in mental therapy are gradually becoming delimited. On the one hand we have the ultra-conservatism, which holds that a patient should work for the benefit of the hospital, but which cannot conceive of mental improvement attainable by such means, and on the other hand the loosely founded optimism of lay enthusiasts who look upon the achievement of getting a catatonic praecox to work as being substantially a cure of the mental condition.

Now, indiscriminate as has been our classification of praecox in the past and nebulous as some of our ideas about it undoubtedly are at present, at least we are unable to find ourselves in consonance with either one of these views. To discuss the latter first, we know, if we know anything at all about praecox, that it is something more than the manifestation of a group of more or less bizarre symptoms, that it is a regressive process resulting in a rather profound mal-adjustment at the psychobiological level. It is not easy to conceive that a patient who has regressed to such low levels that he is dwelling again in early race-memories should be cured by learning to weave a basket or carve a wooden toy. What, then, can we expect of occupational therapy in these patients?

We can expect benefit to the patient in several ways.

A momentary contrasting of the old-time asylum—a vast caravansary where were housed and fed the state's dependents—and the modern hospital for the mentally ill, will be illuminating. The ideal in general in the old asylum was to make the patient as comfortable and contented as possible. The noisy and the untidy were segregated, food and shelter were provided and kept up to standard. The old-time patriarchal superintendent knew his patients by name, inquired after their health when he encountered them on the ward, and listened to their complaints; the modern psychiatrist, in addition to this, tries to find out what was the original make-up of the individual, what were his character traits and how came his mal-adjustments to express themselves in a psychosis. Having estimated these things to the best of his ability, his aim is to help the patient to readjust. Occupation is one means by which his libido may be withdrawn from introspection and find attachments in the outside world.

But when a hospital has provided a teacher who succeeds in getting a squad of patients to work at something, basket-making, rug-weaving or what not, the problem is by no means solved; this is, in fact, only a crude approach to a solution. There must be diverse kinds of occupation which offer the patient a wide selection, from clerical work necessitating concentration and intellectual powers down to the simplest sort of manual labor. In short, the hospital should be a microcosm offering the patient as wide a choice of careers as the outside world. The individual himself will then be enabled to find the level at which he can get into touch with reality and this will often be found to be far different from the one with which he was familiar on the outside.

*Read at the seventy-eighth annual meeting of The American Psychiatric Association, Quebec, Canada, June 6, 7, 8, 9, 1922. Published simultaneously with *The American Journal of Psychiatry* by consent of the editor of that journal.

The selection of an occupation can by no means be done offhand, but a few general rules will apply. Thus it may be laid down yet not one with which he has been so familiar that it would seem but a continuation of his former life. Above all, dementia præcox patients, with their natural tendency to introspection and phantasy, should not be given work to do the performance of which becomes automatic with proficiency. How common it used to be to see a female catatonic plying her fingers all day busily at a piece of embroidery while her brain was still busier weaving long phantasies.

If nothing more were accomplished by occupational therapy, it would still provide an avenue of escape from "institutionalism" in its worst phases, that is, profound inertia, mental deterioration, personal untidiness, and all that train of degenerative traits which are to be found in any chronic ward. It is sad to reflect that many patients who are now for all practical purposes hopeless and helpless, might have reached some useful intramural level by occupational therapy years ago. I have in mind a patient who has been in the hospital about twelve years and has always been considered a general nuisance. He has indulged in homosexual practices, made more or less serious attempts at suicide and selfmutilation, had parole a dozen times and lost it, been boisterous, noisy, untidy, complaining, abusive, threatening, and who has, in short, nearly exhausted the gamut of undesirable behavior. Lately he has been put at so simple a job as painting the fences in various parts of the hospital grounds. He takes great pride in this work, which he does comparatively well, and often requests physicians as they are passing to come and inspect it. He told me the other day, "Doctor, if someone had given me this work to do ten years ago I wouldn't have gotten into all the trouble I have, and what's more, I'd have been out of here and making my own living."

However exaggerated, there is something in this statement. There is no doubt that this patient, like many others who have proved a

constant source of irritation to hospital officials, might have had his energies directed into some constructive channel and thus made an adjustment which would have solved his own problem and which certainly would have benefited the hospital community itself.

A question which naturally arises in connection with occupational training is: Can the mental patient be taught a trade which will render him self-supporting on the outside? The answer to this must be generally in the negative, in my opinion. The type of mental disorder which reaches the commitment stage is usually pretty well handicapped in various ways. Exceptions may be found in the so-called psychopathic hospitals and occasionally in the receiving ward of the state hospital, and there may be found types of patients who can be instructed in lucrative callings to the extent that in the event of discharge from the hospital some degree of earning capacity may enable them to lighten the burden of their relatives. And, of course, there are always those patients who are forced to abandon an occupation temporarily on account of an attack of, say, manic depressive psychosis, who upon recovery may be able to resume at the former level, even though during their stay in the hospital it is found advisable to employ them at something far different from their ordinary vocation, a manual job instead of a clerical one, and so on. But it would seem at present that our efforts should be directed to occupational therapy as a means of helping the patient to adjust in the hospital, of directing his energies into purposeful and benignant activities and by extroverting his attention from his preoccupation with his unconscious activities put him into touch again with reality.

A word as to the type of instructor.

Perhaps nowhere is a suitable temperament more important. It is not enough for the instructor to be proficient in his own particular line. He must, of course, be well versed in it, a truism applicable to all teachers. In many cases his method of instruction must for a time be limited to performing the

work in the presence of the pupil or indicating by signs what is expected of him. He may find that his oral instructions are completely disregarded. He must contend with indifference, ingratitude, attempts to destroy material and tools.

He must be on the alert to discover natural ability as well as ineptitude, and have sufficient judgment to recommend a change in work if indicated. He must have infinite patience to bear with what often seems to him to be wilful mistakes and obstinate stupidity and he must be quick to encourage the signs of awakening interest in a hitherto indifferent pupil. The question of restricting loafing on the job will come up and the instructor must decide whether this is natural fatigue, inability due to the mental disorder or laziness which it would be unwise to encourage.

For illustration, I have selected twenty cases of catatonic dementia praecox. Patients of this type are always, as this audience very well knows, an acute institutional problem, owing to the comparatively high incidence of the disease and to the type of reaction shown.

It would be entirely gratuitous here to dwell upon the diagnosis and symptomatology of catatonic dementia praecox. The bizarre delusional ideas, the negativism, the muscular tensions, the untidiness, the refusal to cooperate, the wild excitement and the deep stupors, all make this disease seem an especially barren field for the exercise of occupational therapy. In fact, the routine of treatment in the past has been to shut them in a room when they were excited, feed them when they were stuporous and thank God and discharge them when they recovered, which some of them did for no assignable reason.

In view, then, of the obvious difficulties of dealing with this type of patient, it is especially gratifying to be able to show you this series of twenty catatonic patients and the results obtained by occupational therapy. I shall present brief histories, with an outline of the methods employed and the results obtained in each case.

As the first fifteen patients in this series worked in one shop and the first three to six weeks' work in this shop is practically the same for all patients one outline covering this period will serve for all, the closer study beginning at the end of this variable period when the patient begins to show an inclination to follow certain lines of shop work. This introductory period is spent in outlining patterns on wood for more advanced workers to saw out and after the patient has become fairly proficient at this he is given some of these sawed out parts of animals, etc., to sandpaper and bore holes in where they are to be jointed. He is next given a saw or plane to work with and if he continues to improve he is soon allowed to use a scroll saw or turning lathe or to build more complicated things, as tables, lamp stands, etc.

CASE 1.—Philippino, age 26; no education; hat weaver by occupation; over two years in the navy. Admitted to the hospital in May, 1920, with a history of having six weeks previously begun to show the usual symptoms of catatonic praecox. In December of 1920, while he had shown little, if any, improvement, he was one of a group picked to work in one of the woodworking shops, where, by the way, he still works. After the usual preliminary period he was given a hand scroll saw to work with, the instructor not feeling that he wanted to trust him quite yet on a foot power saw. For several weeks he worked only when the instructor stood by him. The first time he was heard to utter a sound was much later when he was given a power lathe to operate. The moment the machinery started he laughed outright. From this on he progressed rapidly until now he is doing the highest grade of cabinet work and has shown a high degree of originality and initiative. Though there have been several other Philipinos in the shop he has never been heard to speak a word.

CASE 2.—Philippino, aged 23; education, first year of high school; occupation, student; one year in the navy. Admitted to the hospital in June, 1920, in a catatonic excitement which continued, with remissions, for over a year. He then had a stuporous attack and on recovery from this he was taken to the shop in December, 1921. For some time he stood around, mute and negativistic, but after a time went to work. At the present time he requires no guidance except in new work and he is doing excellent work. He talks to others of his race, but refuses to speak English.

CASE 3.—Mexican, age 26; no education; occupation, laborer. Was in the military service two years before admission to the hospital in July, 1920. Six months after admission he had shown a little improvement and was taken to the shop in February, 1921. Because of his negativism he was hard to handle and he did not neglect every chance he had to elope. Beyond the introductory period he spoiled everything he got his hands on, planing the wood too thin, cutting it off too short, etc., for a considerable period, but, while he has improved very much in the quality of his work it is limited to the use of the scroll saw, the making of patterns, etc. When using the scroll saw he is especially accurate and rapid now.

CASE 4.—Polish, age 36; no education; laborer by occupation. Admitted to the hospital in June, 1919, after one year overseas. We have no mental history previous to admission but on admission he was catatonic, and was cared for in bed, tube fed, etc., for nearly eighteen months, and in fact was practically taken out of bed to go to the shop. He has been in the shop now for about eighteen months and is doing work that would be a credit to any cabinet maker. This patient has been known to speak only twice since admission.

CASE 5.—Polish, age 27; eighth grade education; electrician's helper, was overseas one year. Admitted to St. Elizabeth's August, 1920, eight months after onset of a catatonic excitement. In September, 1921, he went to the shop, the excitement having somewhat subsided, though he was still very active. When he first got to the stage where he could use the foot power scroll saw he had to be held on the seat. He was gradually improved and now he does very fast and accurate work.

CASE 6.—Polish, age 26; no education; occupation, laborer. First symptoms developed while overseas and he was admitted to the hospital eight months after their onset. On admission in January, 1920, he was in a catatonic excitement which persisted more or less actively up to the time he entered the shop in December, 1920. For several months his progress was very slow, but in time he developed into a satisfactory workman and was discharged from the hospital in August, 1921.

CASE 7.—German-American, age 22; education high school; occupation, midshipman. Admitted to the hospital in October, 1919, at which time he was in a catatonic stupor. He soon cleared up a little and was taken to the shop in December, where he rapidly improved, taking a great deal of interest in his work and was discharged from the hospital in April, 1920.

CASE 8.—American Hebrew, age 20; high school and business school education; occupation, book-keeper. Admitted to the hospital in July, 1920, after one year of service in the navy and six weeks after

the first symptoms of mental illness appeared. On admission he was in a mild stupor which persisted for about four months. He entered the shop in July, 1921, and for some time had to be led to and from the ward, and it was necessary to force him to sit down at the bench. When sandpapering he would wear the part he was working on entirely away if not stopped. When improvement started it was so rapid he was considered fit for higher work than this shop had to offer, but in a few days he wanted to come back. He was discharged from the hospital in December, 1921.

CASE 9.—American, age 20; high school student. Admitted to the hospital in November, 1919, after eight months in the navy and three weeks after the mental symptoms first appeared. This boy's condition was such that nothing was tried with him until December, 1920, when the instructor saw him on the ward and asked that he be sent to the shop. At first he was very slow with everything, but gradually he became more interested and like Case 1 he developed into a rapid and accurate workmanship, building tables, lamp stands, step ladders, etc. He was discharged from the hospital in July, 1921.

CASE 10.—American, age 26; education, eighth grade; occupation, electrician. This patient was admitted to the hospital in May, 1920, two weeks after the onset of his disease. He was overseas one and one-half years. In September he was taken to the shop. For several weeks he did very little, remaining mute and negativistic. In fact, he did not talk for some time after he was doing fair work. Gradually he became more and more interested and when discharged from the hospital in April, 1921, was doing most satisfactory cabinet work.

CASE 11.—Spanish-American, age 22; fourth grade education; occupation, miner. Admitted to the hospital in February, 1920, five weeks after the onset of his disease. Had been in the military service for two years. A month after admission he was taken to the shop and began to improve immediately. Was at first afraid to do any complicated work, but after seeing the more advanced pupils at work he asked for more intricate work and soon evidenced a considerable degree of originality. He was discharged from the hospital in May, 1920.

CASE 12.—Italian-American, age 26; seventh grade education; occupation, laborer. Admitted to the hospital in August, 1917, and to the shop in December, 1921, after about four years of mutism, tube feeding, untidiness, etc. Except for the duration of the illness this patient was very similar to the one discussed under Case 8. At first he was very slow and inaccurate, but he has gradually improved till now he is doing very satisfactory work.

CASE 13.—Hawaiian-Chinaman, age 35; education, none; occupation, cook. Admitted to the hospital

in March, 1920, and to the shop in August. At first this man seemed hopeless on account of his mutism and failure to comprehend what was wanted. There was no language difficulty. After some months he became very much interested and at the time of his discharge from the hospital in May, 1921, he was doing most excellent work.

CASE 14.—Russian, age 27; no education; occupation, steel worker. Admitted to the hospital in May, 1920, two weeks after the onset of his disease and six weeks after reenlistment. Admitted to the shop in August, 1920, and for several weeks could not be made to do anything. Gradually, however, he began to look around and handle toys and finally was put to work. At the time of his transfer to another hospital, August, 1921, this patient had progressed well toward recovery and was doing excellent cabinet work.

CASE 15.—Canadian, age 22; sixth grade education; occupation cook. Admitted to the hospital in October, 1921, after a few months in the military service. On admission he was a text-book catatonic. After showing a very little improvement he was taken to the shop in March of this year. Since being put to work his progress toward recovery has been rapid and he is now making excellent toys. Within the past month he has answered a few questions.

The next five patients come from another shop.

CASE 16.—Russian, age 36; no education; occupation, brass moulder. Admitted to the hospital in August, 1920, one year after being discharged from the service. Entered the shop in August, 1921, previous efforts having been made to get him to do something. After entering the shop it was some time before he would work at anything continuously. He then is noted as being painstaking and industrious, doing beautiful knotting, making key rings, girdles, etc., and taking pleasure in his work. From this work with string he went to reed work where he did some most excellent work and was later put in the toy shop here; he is at present also doing excellent work.

CASE 17.—Polish, age 32; education, none; occupation, farmer. Admitted to the hospital in August, 1920, having been discharged from the army one year previously. For a year before admission and for 18 months since he has been passively negativistic, slovenly and indifferent. On admission to the shop in January of this year it was noted that there had been no change in his condition. Persistent effort finally succeeded and he began to roll carpet rags into balls. He was then taught to knot cord for fringes on rugs. From this he went on to loom weaving and brush making. His whole attitude has

changed. He is clean in his habits, helps with the ward work, and is eager to go to his class.

CASE 18.—Austrian, age 28; no education; occupation, miner. Admitted to the hospital in August, 1920, having been discharged from the military service one year previously. This patient and the one just above were overseas and their psychosis evidently began there. This patient's condition was similar to the one just described, but he seemed a little more hopeful case than the one above for he was taken to the shop in October, 1921, at which time he had to be led to his work and back and forth to the ward. At first he was kept in class only one-half the day, but when he found this out he became indignant, the first emotional reaction he had shown, and he was allowed to remain in the weaving room all day. At first the instructor had to place the shuttle in his hand and place his foot on the pedal, but he soon became interested and was able to use two shuttles. When transferred to another hospital in February of this year he was doing some most excellent work on the looms, weaving a pair of portieres in pattern weaving.

CASE 19.—American, age 29; education, eighth grade; occupation, clerk. This patient was admitted to the hospital in October, 1921, having been discharged from the service two years previously. For some time after admission he was mute, passively negativistic and untidy. He entered the shop in March of this year and for some time would only work when constantly watched. He was started in basketry and some of his first work was very crude, as he insisted that he could make his own design. Later he consented to follow the designs of others and has taken pride in his improvement. He showed some talent in drawing and was transferred to the drafting department, where he has been copy-sketching, which he likes very much.

CASE 20.—American, age 31; education, second year high school; occupation, clerk. Admitted to the hospital in December, 1921, suffering from a mild catatonic stupor which evidently had its inception overseas in 1918, but for which he had not been previously hospitalized. On admission he was mute, inaccessible, and showed *flexibilitas* and was tubed for some time. In March he was sent to the shop and it is noted that he was disturbed for a few days, but was soon persuaded to wind a ball of warp. From this he went to basketry, but at times would become rigid for short periods. Early in May he was sent to an agricultural class where he has shown a decided improvement.

During the time these shops have been open there has occurred no accident, and from the first the patients have been cleaner in their habits, have been quieter and have hallucinated less and less.

THE PHYSICIAN AS A BUSINESS MAN.

L. A. BIZE, M. D.,
Tampa, Fla.

Your president has asked me to join you this evening and attempt to say a few words on "The Physician as a Business Man." Frankly, I consented, not because I hope to be able to teach you anything along this line, for I have been impressed with the very great improvement in the ability of the physician of today as a business man over the ability of the physician of the past, but I accepted the invitation for the reason that it was my desire to again mingle with you—my friends and associates of the past. Twenty years in the profession made such an impression on me that my interest and sympathies will always go out to the medical man.

When I gave up the practice of medicine nearly eight years ago many of my good friends, and good friends of the institution with which I am associated, wondered what would be accomplished in a financial way. The modest success I have made I believe has been largely influenced by my experience as a physician. The same process of analyzation, the same method of elimination, applies to the diagnosis of financial ills as was formerly applied to those of physical ills. It is largely in banking, as in medicine, a question of correct diagnosis, and I claim that no man is infallible. Every banking institution that does a large volume of business must at some time lose some money. No stronger evidence of this fact was ever presented than during the recent period of deflation when the largest financial institutions in America, and the largest commercial houses—commercial houses of long and experienced standing—were compelled to charge off losses of enormous sums. I recall that during that period the National City Bank of New York City, the largest bank in the United States, was forced to send into Cuba fifty million dollars to tide over their losses in Cuba, and I am advised they were forced to take over nineteen sugar plantations at an average of

one million dollars each. And, I am further advised, that the stock of the Guaranty Trust Company, of New York City, whose stock previous to the period of deflation sold at six hundred, because of losses charged off dropped to a little over two hundred. If the physician, or the banker, could always diagnose with absolute accuracy, his success would be unquestionable.

Anyone in the banking life is required to make decisions involving a broad knowledge of men and conditions. Each application for a loan presents a series of problems which requires careful analysis just as each medical case is a case more or less peculiar to itself and requires the same careful study and analysis.

In determining the diagnosis of financial ills, every source of available information is used—and, by the way, your chairman has asked me to say something on the opportunities of the physician for investment, and while I expect to refer to this later, permit me here to say that, in my opinion, the same methods of analysis should be used in making investments (because you are really lending your money to the corporation from whom you are buying) as would be made by your banker as a lender.

First, a sworn statement of assets and liabilities is called for based upon an accurate inventory, with proper allowance for depreciation of equipment and elimination of bad accounts. This is confirmed by the further use of Credit Agencies, such as Bradstreet and Dun, and today a new and very valuable source of information, the Credit Men's Bureau of the Merchants' Associations, and what information we can gain through personal connections aids us largely in determining the credit risk associated with the applicant.

It has always appeared to me that the man most valuable to any community is the optimist—not the reckless, wild optimist, but the conservative optimist. Certainly anyone who is a bear on America will lose; the history of the industrial development will prove conclusively that the bulls must win,

particularly at this time. There is no doubt but that we are coming to the dawn of a better day. Let us look forward, but in looking forward have the past in view, and if history repeats itself and if industry is what the American people are capable of making it, the realization of the future will make you smile at the accomplishments of the past. If the past be a criticism and the hopes and ambitions of the American people the measuring stick, then the future holds brighter dreams of industrial supremacy and industrial development than any we have ever seen in the past. It is true, industry must be founded on safe economics, on true principles.

Speaking of being a "bull" on America, I am a real "bull" on the prospects of Florida. In my opinion, never in the history of the state have such splendid opportunities presented themselves. I really believe that Florida is in fact at the dawn of a new era. Never before in its history has it attracted the financial interests of the country as it is attracting them today. Men who in the past have considered any Florida investment unsafe, and lingered only long enough to give it a passing thought, are today investing and developing on a very large scale. The agricultural interest of Florida today in intelligence is far above any in its history, and I am sure will compare with that of any state in the Union. With this behind the natural resources of the state, its continued progress is inevitable.

Take the two leading industries of the state, the citrus and the tourist. Never before has such intelligent organized cooperative effort been put behind these industries to make them successful, and as proof positive it must be evident to any seeing man that they are successful beyond our fondest expectations. Unquestionably the man who invests in our soil intelligently and carefully, with a far-seeing eye today must surely profit in the future.

I might venture to add here that in the long run no nation can prosper permanently unless the world prospers. The supreme need of the world is "peace and good will

among men." It must be peace founded upon justice and fair play, the righting of past wrongs and the securing of the future as far as possible against the evils of the past. The world cannot always be in a state of war either between nations or elements in the nations; men must work together if they are to accomplish great things.

When I begin to think of Florida and its opportunities I am almost willing to be classed as a dreamer. The facts are, as you of course all know, that the world's greatest progress has been largely due to the dreamer, not to those who only dream but to those who dream and do. You, as medical men, appreciate fully what Dr. dreamed of the causes of yellow fever. He carried out his dreams with action, and in proving his claims gave his life thereby, making possible all of this wonderful development and wonderful future which Florida has ahead of it. Few people realize, or appreciate, the very great debt due by the people of Florida to the medical men.

Speaking of going ahead, anybody can keep up; it is those who keep ahead that attract attention. It is to no man's credit that he tracks along with the procession. The fellow out in front, whether plodding his way through the forest, pushing his way through the untrod in medicine, or in the conduct of his business, is the man to be commended. The greatest disturber of normal business and natural prosperity and progress is the inability of the different elements within a nation to cooperate, to harmonize their opinions and policies. Industry, as represented by capital and labor, is studying more and more the prevention of industrial differences. Let us hope that soon labor and capital will work hand in hand just as I believe the practice of medicine will work hand in hand with the science of prevention, and then the world will have more causes removed and fewer reasons to regret the failure to cure. With the coming of this new era, or period of increased opportunity, the physician's opportunities will necessarily become proportionately greater. It is un-

necessary for me to tell you men that when times are hard your patients resort to home remedies rather than send for the physician; when times are prosperous the telephone is promptly used. You will, therefore, benefit largely through the improved conditions which the leaders of finance in this country believe ahead of us. Do not get the idea from the references that I have made to brighter prospects that they will be such as to warrant other than continuous and carefully conservative handling of your business affairs. We are not yet entirely out of the woods and, as already stated, no nation can prosper continuously until the world or the greater part of it prospers at the same time.

I might say in reference to your success as associated with prosperity that success is not confined entirely to the making of money, but to earn a fair return on the money invested, to serve the public faithfully and well, to treat all associates with consideration and fairness, to respect and to pay their just dues the people who work with us, is the way that will win permanent success. I know no class of men who give more largely of real service to the world without consideration for remuneration than the men of the medical profession, and I know of no men who are more entitled to permanent success.

When it comes to advising physicians how to succeed in business, it becomes a real proposition. My observation and experience has been that for a physician to succeed it requires all of his time for study and for application to his duties. Anything large enough to divert his mind into other channels necessarily interferes more or less with his success in a medical way. This condition, therefore, confines the physician's opportunities to a rather limited scope. As I see it, to avoid worry and to avoid this diverting of the mind in other directions, physicians should follow largely the policy of the savings banks and insurance companies. They confine themselves largely to absolutely stable investments. These institutions are the largest creditors of American railroads.

There are something over twenty billion in railroad securities in the United States—the savings banks absorb one billion, the insurance companies from four to five billion. A large number of insurance companies, as you know, purchase first mortgages; a large number go into the open market and buy through their brokerage houses the most stable securities. Certainly a similar policy is advisable on the part of the physician. Real estate first mortgages, bonds, listed securities make good investments, and many of the banks are selling first mortgage gold certificates bringing in 7 per cent. Of course you understand that one's success must depend largely upon thrift. The opportunity to make an investment of any character necessarily calls for money. The only way to get it is to save. Physicians, as a rule, are liberal spenders. I have not heard of many of them pursuing the methods of the old farmer who trained his geese to pick cotton and crossed his honey bees with the lightening bug so they could work at night.

The banking institutions of the country are giving service today they have never given in the past. The "cold storage" bank of the past is almost a curiosity at the present time. The officials of any bank are willing to give, with pleasure, any advice along the lines of investments. My advice to you is to go to your banker and secure this advice. Almost any careful investment in real estate will sooner or later give a profit, and during the intermission nobody can run away with it.

If you will pardon a personal reference, I will tell you how I invested the first \$1,000 I made in Tampa. It was just about the time of the Spanish-American war when it was impossible to import clear Havana leaf tobacco into this country. I undertook to grow, under shade, tobacco leaf wrappers because of the very splendid prospects of selling on a high market. When my tobacco was cured and ready for the market, I had a beautiful leaf—beautiful in color and texture—but unfortunately it refused to burn. I had raised asbestos instead of tobacco. I

wrote to a friend in Philadelphia to ask if he could not assist me in selling it. He replied he was exceedingly sorry, but there was no market for the kind of tobacco I wanted to sell; that he could only do one thing for me and that was to advise me "to stick to your last."

After that my investments were confined to small blocks of real estate, close in, and upon which as soon as I got sufficient money I constructed small houses, which several years later when the market began to go up I was able to sell at an advanced figure. I found that investments of this kind did not divert my mind from the practice of medicine.

My observation has been that the solicitor who has something to sell is to be avoided. If he had something worthwhile it would be listed on the market and it would not require as a rule enormous expense to dispose of same. Certainly, when investments of this character are considered, you should secure a statement of the assets and liabilities of the company, a report on the character of the men interested, and an opinion on their prospects for success. And after all of this, advise with your banker, or some friend who has made some financial success, as to the desirability of the investment. This suggestion is not made because business men of the community have any more sense or ability than you men have, but because of the limited opportunity you may have for coming in contact with the business world and thereby gaining the information that would influence you in making your investments, and the influence that protects the business man of larger opportunities. It would surprise you to know of the hundreds of thousands of dollars that have been absolutely lost in the State of Florida the last few years on worthless stock of every character.

It has been said that "man is the only animal that can be skinned twice," and judging by the efforts made by solicitors in seeking the medical profession, you must be looked upon as attractive prey. It is sometimes necessary to look twice in order to find

out whether it is an opportunity or a temptation that is knocking.

You will pardon another suggestion. I suggest that you handle your affairs in your office just as any successful business man does. We have an ungrateful public to deal with, and the physician who practices for fees much lower than his services entitles him to, or fails to present bills, will not make much headway and demoralizes the practice of medicine. Charge for your services what you consider your services are worth, and present your bills with systematic regularity. People, as a rule, are much more willing to pay a reasonable bill immediately after they have recovered from a painful illness than they are six or twelve months later. If more of the public were like the old darky who called on the doctor you would more frequently know where you are. The story goes that the old darky visited a doctor, and was given definite instructions as to what to do. As he started to leave the office the doctor said, "Here, Rastus, you forgot to pay me." Rastus replied, "For what, boss." "For my advice." "No, no sir," Rastus replied, "I ain't gwine to take it," and the darky shuffled off. Many patients apply for and take your advice, but forget to pay for it. Keep up your records, both as to physical ills and as to financial indebtedness to you, keep them up to the minute, be careful with your investments, and your success is assured.

THE MEDICAL PRACTITIONER AND THE AMERICAN SOCIETY FOR THE CONTROL OF CANCER.

By J. E. RUSH, M. D., *Field Director,
American Society for the Control of Cancer.*

Among the most important public health problems confronting the medical profession today is that of cancer control. It is possible to make a division of public health movements into several groups, depending on the amount of educational work which must be carried out before the program can be successful. In one group we find such diseases as typhoid fever, malaria, and yel-

low fever which may be controlled simply by educating a few individuals who possess the necessary power in a community to place the program in operation after they have been shown the desirability of such a procedure. This type of activity is relatively simple because it depends upon the education of a few individuals. Unfortunately, the diseases that can be controlled in this manner are among those which usually do not exact from the populace the greatest economic toll.

Another group of diseases may be effectively dealt with through police power, and here again we depend on the education of a few members of any given community. For the most part the diseases which may be controlled by this means we refer to as "communicable," and usually they can be very effectively dealt with by placarding, isolation and quarantine.

There is another group of diseases which are not communicable and in which the education of but a few members of the community is not sufficient to affect the mortality rate. Here we find cancer, which depends for its ultimate control upon the education of every single adult of the community, with reference to the early signs and symptoms of the disease, for only in its early stages is cancer curable. With the present attitude of the public to seek medical advice only when they are aware of distressing symptoms, they must be told that early cancer is usually painless and that proper treatment cannot be instituted until they have sought the advice of a physician.

The medical profession is interested in all types of medicine whether preventive or curative. As a matter of fact, there really is no hard and fast line of demarcation between preventive and curative procedure any more than there is a dividing line between the metals and the non-metals. The medical profession is interested in all problems of public welfare, but when it comes to matters concerning public health they are the only ones who through tradition and training are capable of handling the problems which present themselves for solution. It is the only

profession at the present time that is engaged in real preventive medicine and it is the profession of election for this type of work. Usually public health movements have been initiated by the medical profession, but in many instances the work has passed into the hands of the laity because the members of the medical profession have been preoccupied with other important problems.

What we have said with regard to the attitude of the medical profession towards public health work clearly emphasizes the need of control by the medical profession of all public health movements. The profession is particularly interested in the problem of cancer control not only because it is of great humanitarian interest but because of the further fact that cancer is one of those conditions in which it has been clearly demonstrated that the medical profession is the only one capable of offering a solution. While sanitary engineers, epidemiologists and others may be of great value in the conduct of specific public health movements, their training and experience does not make them capable of helping in cancer control. The slogan of the American Society for the Control of Cancer that "Early cancer is curable if you will but consult your medical practitioner in time," again clearly emphasizes that the physician is the only one capable of reducing the mortality from cancer.

Another interesting feature of the movement for cancer control is that the establishment of diagnostic clinics during National Cancer Week is of some educational value to certain members of the medical fraternity because important points of differential diagnosis between early carcinoma of tongue, for example, and primary luetic ulcer are demonstrated. The cancer movement, in this respect, is one of the few that attempts to repay the physician for the great effort he has expended in its behalf.

It has been claimed by some of the unthinking individuals among the laity that preventive and curative medicine are diametrically opposed. They do not realize that there is, in the last analysis, but little dif-

ference between preventive and curative measures. For example, all physicians take blood pressures and make urine analyses during the course of a pregnancy and not by the wildest stretch of the imagination can this be interpreted as a curative measure; it is a preventive measure pure and simple.

Through various educational movements which are now being conducted to instruct the public with regard to conditions which are definitely preventable, the great mass of the people are gradually coming to realize that the physician must be looked upon as a teacher and advisor rather than one who is to be consulted only when symptoms of a diseased condition have manifested themselves. The physician, too, realizes that this teaching attitude is appreciated by the public, for by this means he is able to prevent premature deaths among his clientele. Not only does he spare the patient in question for future usefulness but, more important, he does not divorce the rest of the members of that particular family. The physician realizes that the most appreciative patient is one who, through early advice and proper instruction, has been saved from untold suffering and an untimely death.

All health movements, if properly managed and ethically controlled by the medical profession, will not only eliminate certain objectionable features present in some of them as now conducted by the laity (who have no appreciation of medical ethics), but such activities will help consolidate the medical profession against the ever-increasing influence of the cults. It is true that we, as a profession, do not heartily approve of certain public health movements now in progress, because they do not conform to our ethical code. If they were controlled by the medical profession this objection would be removed.

It must be realized that the cults never would have existed had the medical profession taken a definite stand against them, but realizing that "imitation is the sincerest flattery," we have allowed them to go on—to exploit the public until even the great

mass of the people has recognized the lack of sincerity which prompted the various movements.

The proper extension of these ideas relative to organization in order to control public health problems contains within it the answer to the proponents of that most preposterous type of activity known as "State Medicine."

The organization for cancer control is dependent upon the activities of the medical profession; and therefore the units upon which the organization is built are the State and County Medical Societies. The whole movement has been endorsed and approved by practically all national, sectional, state and local, medical and surgical bodies, because it is entirely controlled by the profession itself. In the perfected organization for cancer control, we have the groundwork to handle other problems of a public health nature; be they ones already in existence or future ventures. By proper organization, too, we shall be in a stronger position to abort detrimental legislation, whether directed at us or to legalize the ignorant cults. A public health problem directed solely by physicians will do more to properly organize the medical profession than any other type of activity.

It has been pointed out that if we do not seriously consider the "scientific attainments" of the cults, then every preventable death is a reflection on us. It has been claimed that the fact that the patient did not come early enough to us for examination and advice is no excuse; that we, as the only logical profession engaged in the practice of the healing art, should have the undivided confidence of the public to such an extent that they will report to us what are very trivial matters and thus give us opportunity to institute proper procedures in time. In the vernacular of the street, it has been suggested that we should "sell ourselves to the public," which in other words means that there is at the present time a great need of ethical publicity on the part of the profession. It really seems that this would, to a very great extent, increase our usefulness to

the community in which we practice. If this is true, then no physician can be so busy that he cannot devote a small amount of time to help in the campaign for cancer education, because by so helping, he is not only advancing his own usefulness to his community but is of the greatest value to his medical brothers and to his profession.

A few members of the laity have explained what they have interpreted as apathy on the part of certain of the medical profession toward preventive medicine, by emphasizing the fact that preventive medicine was diametrically opposed to curative measures. We, of the medical profession, realize the fallacy of this. Let us consider an analogy from the field of engineering. Suppose that ten engineers were bidding on a contract to construct a road between two adjacent cities. Only one could be successful; but would the others put obstacles in the way to prevent him from completing his task? The answer is apparent. They would not; for they would realize that when the public had seen the value of this road, they would demand similar ones in all other directions and hence the other engineers would have an opportunity to build some of them. I realize that the above example compares a business conducted purely for monetary return, to a profession which interests itself chiefly with humanitarian efforts, but the very few of the public who believe that all persons are actuated by ulterior motives should be answered. The good roads analogy applies directly to medicine, for the medical practitioner realizes that each time the public is convinced that it is unnecessary for them to suffer with various ailments, they demand the removal of others which heretofore they patiently tolerated. An example may illustrate this point:

A friend of mine who for many years was almost an invalid from recurrent attacks of what was then diagnosed as "inflammation of the bowel" and for which, at that time, there was no known cure, was simply forced to allow the condition to exist which undermined his health and lowered his efficiency.

At the present time, because of the knowledge of the laity concerning chronic appendicitis, he would know that an operation requiring him to be at a hospital for about two short weeks would give him complete relief, and enable him to resume his life's work at a greatly increased efficiency.

Our medical ethics instituted at the time of Hippocrates admit of no change; but our interpretation of them may be broadened to meet the changing condition, especially those which have been brought about during the past two or three decades. It may be necessary to change our ideas regarding proper non-personal publicity for the medical profession as a whole and for our state and county societies. In this connection I am reminded of the story of the young color-bearer at Gettysburg who had advanced somewhat ahead of the lines, and when ordered back to his position by his commanding officer replied, "Bring the line up to the flag."

PROPAGANDA FOR REFORM.

"MEDICAL" TESTIMONIALS FOR CHIROPRACTIC.—Chiropractors affect, with "patent medicine" fakers, a fine disdain for scientific medicine and the medical practitioner. How readily, however, do both seize with avidity any statement made by an individual who may be presumed to have the right to put "M. D." after his name—provided that statement seems favorable to the cause or may be so twisted as to make the public believe that a reputable physician has spoken a good word either for chiropractic or nostrum industry.

For some time there has been going the rounds a chiropractic advertisement purporting to quote "Opinions of Well-Known Medical Men" on chiropractic. The material obviously emanates from one of the chiropractic "ad" factories. These make a business of supplying the individual chiropractor with advertising copy that he, because of his educational deficiencies, would be unable to write for himself. According to these stock advertisements: "* * * there is an ever increasing number of M.

D.'s all over the United States and Canada who understand, appreciate and practice straight chiropractic to the exclusion of medicine and every other method, as witness the following selected at random." Then follow what purport to be quotations from physicians. An examination of the records of the individuals who are quoted permits an appraisal of their testimonials. (*Jour. A. M. A.*, July 1, 1922, p. 57.)

MORE MISBRANDED NOSTRUMS.—The following products have been the subject of prosecution by the federal authorities charged with the enforcement of the Food and Drugs Act:

Hooker's Cough and Croup Syrup (C. B. Kingsley), containing oil of anise, oil of wintergreen, alcohol, sugar, water, blood-root and a balsam, probably tolu.

Madam LeRoy's Regulative Pills (Le Roy Chemical Co.), containing aloes and traces of pennyroyal and tansy.

Naphtholene (Dr. E. E. Sonnanstine), containing gasoline, kerosene and a small quantity of resin of red pepper.

HERE AND THERE.

At the annual election of officers of the Hillsborough County Medical Society, held December 5th, the following men were chosen: Dr. J. C. Dickinson, president; Dr. R. C. Hubbard, vice-president; Dr. C. R. Marney, secretary; Dr. J. C. Chandler, treasurer; Dr. H. M. Smith, censor; Dr. Burdette Smith, delegate; Dr. John S. Helms, delegate; Dr. S. Stringer, delegate.

The Pinellas County Medical Society is now issuing a monthly bulletin under the name, *The Bougie*. The first number appeared in December, the contents including an "Introductory," in which the aims of the publication are set forth. "*The Bougie* will attempt to dilate anything within reason." A discussion in "The Last Meeting and The Next" follows, with an excerpt from the *Boston Transcript* under the caption, "The True Physician." A list of past presidents of the Pinellas County Medical Society is

published, together with a complete roster of the current membership of the organization. It is a creditable effort to stimulate interest in organized medicine which should and, it is hoped, will meet with success.

The State Board of Medical Examiners of Florida, presided over by Dr. Wm. J. Buck. Brewster, Fla., vice-president, met in St. Petersburg, Fla., on December 9th.

Formal charges had been preferred against Dr. Chas. D. Hulbert, who graduated at Rush Medical College in 1902.

Dr. Hulbert was charged with the performance of a criminal operation, and upon the testimony presented to the board, his license to practice medicine was ordered revoked.

The State Board of Medical Examiners has revoked a number of licenses and has secured several convictions for the illegal practice of medicine.

With strict requirements for license and with the enforcement of the present law which makes it possible for the Board of Medical Examiners to revoke a medical license, it is confidently expected that the situation in Florida will improve from year to year.

A license may be revoked for several causes, among which are habitual drunkenness, use of narcotics, aiding and procuring in the performance of criminal operations, advertising to cure a manifestly incurable disease, or advertising to regulate menses or re-establish suppressed menses.

If the profession will see that irregularities are brought to the attention of the secretary of the board, same will receive attention. The finances of the board are limited, and special meetings are probably going to be impossible, except under conditions where local medical associates will defray a large part of the expenses of the board.

The board is composed of ten members who are distributed practically all over Florida, and in order to secure a special meeting, there is an expense of about \$500.

The secretary of the board is Dr. Wm. Rowlett, Tampa, Fla.

The Journal of The Florida Medical Association

Owned and published by the Florida Medical Association.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at St. Augustine and Jacksonville. Price \$1.50 per year; 15 cents per single number.

Contributions for publication in this journal, whether scientific papers or reports of County Secretaries, should be typewritten.

Address Journal of the Florida Medical Association, St. Augustine, Florida, or 602-603 Consolidated Building, Jacksonville, Fla.

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THE SOUTHERN MEDICAL ASSOCIATION.

The Southern Medical Association was organized sixteen years ago and its membership embraces the physicians and surgeons of sixteen southern states. It has increased in membership from a few hundred to six thousand seven hundred and sixty (6,760). It needs no brief from the writer as to its usefulness, its activities, its democracy and its comprehensiveness. Its administrative policies follow and adhere to its constitution, and are executed by a board of trustees consisting of past presidents, and a body of councilors consisting of one member from every state. It has sections in nearly every special branch of medicine. The activities of these sections demonstrate the clear-cut, scientific work done by the members as evidenced by the quality of the papers read and discussed at the annual meetings, and published in the *Southern Medical Journal*.

The *Southern Medical Journal* is owned by the Southern Medical Association. It is a journal of first merit and, for the general practitioner, is of unquestioned value. It is published monthly and every member of the association receives a copy. The membership dues to the association are \$3.00 per year.

Every member of the Florida Medical Association should be a member of the Southern Medical Association. The problems and diseases of the South are regional and require regional study. This is done by this great association. Florida has about one thousand two hundred and eighty-one physicians. Only five hundred and seventy-seven, or 44 per cent, belong to the State Association. Two hundred and sixty-one of the five hundred and seventy-seven, or 47 per cent are members of the Southern Medical Association. Would it not be a credit to Florida to have all qualified physicians of the state, members of the Florida Medical Association and also members of the Southern Medical Association? 100 per cent activity! The suggestion is not impossible. The state organization will hold its fiftieth (semi-centennial) annual meeting in Jacksonville

in May of this year. Make your preparations now to attend. Associate with your fellows and lend your efforts and influence to foster the cause of scientific medicine. In the meantime, send your application for membership in the Southern Medical Association to its headquarters, Empire Building, Birmingham, Alabama.

R. H. MCGINNIS,
Councilor S. M. A. for Florida.

NEW AND NONOFFICIAL REMEDIES.

VEN CALCIUM CACODYLATE AMPULES, $\frac{3}{4}$ GRAINS.—1 c.c. contains calcium cacodylate-Ipco (see New and Nonofficial Remedies, 1922, p. 55), 0.05 gm. ($\frac{3}{4}$ grain).

VEN CALCIUM CACODYLATE AMPULES, $1\frac{1}{2}$ GRAINS.—1 c.c. contains calcium cacodylate-Ipco, 0.097 gm. ($1\frac{1}{2}$ grains).

VEN CALCIUM CACODYLATE AMPULES, 3 GRAINS.—1 c.c. contains calcium cacodylate-Ipco, 0.195 gm. (3 grains).

VEN CALCIUM CACODYLATE AMPULES, 5 GRAINS.—1 c.c. contains calcium cacodylate-Ipco, 0.324 gm. (5 grains).

VEN CALCIUM CACODYLATE AMPULES, 7 GRAINS.—1 c.c. contains calcium cacodylate-Ipco, 0.453 gm. (7 grains). Prepared by the Intra Products Co., Denver, Colo.

MERCURIALIZED SERUM-LEDERLE FOR INTRAVENOUS INJECTION. — Each package contains the equivalent of 1-3 grain (0.022 gm.) of mercuric chloride in 8 c.c. normal horse serum. The initial dose is 1-12 grain of mercuric chloride. This may be gradually increased to 1-3 grain. For a discussion of the actions, uses and dosage of mercurialized serum, see New and Nonofficial Remedies, 1922, p. 189. Lederle Antitoxin Laboratories, New York.

SILVOL.—A brand of protargin mild-N. N. P. (See New and Nonofficial Remedies, 1922, p. 326.) Silvol is a compound of colloidal silver with an alkaline proteid and contains about 20 per cent of silver. Parke, Davis and Co., Detroit. (*Jour. A. M. A.*, Dec. 9, 1922, p. 2001.)

ARSENOBENZOL-BILLON. — A brand of arsphenamine-N. N. R. For actions, uses and dosage, see New and Nonofficial Remedies, 1922, p. 43. Arsenobenzol-Billon is marketed in ampules containing, respectively, 0.1, 0.2, 0.3, 0.4, 0.5 and 0.6 gm. of arsenobenzol-Billon. (*Jour. A. M. A.*, Dec. 16, 1922, p. 2085.)

ERYSIPELAS AND PRODIGIOUS TOXINS-P. D. AND C. — An erysipelas and prodigious toxin (Coly). (See New and Nonofficial Remedies, 1922, p. 317.) Marketed in packages of five 1 c.c. bulbs and in 15 c.c. bulbs. Parke, Davis and Co., Detroit. (*Jour. A. M. A.*, July 15, 1922, p. 217.)

EPINEPHRINE-G. W. C. Co.—A brand of epinephrine-N. N. R. It is marketed in vials containing epinephrine-G. W. C. Co. (base), 1 grain, and in the form of Epinephrine Chloride Solution-G. W. C. Co., which contains epinephrine hydrochloride equivalent to 1 part of epinephrine in 1,000 parts of physiological solution of sodium chloride. G. W. Carnrick Co., New York.

NEOCINCHOPHEN-ABBOTT TABLETS. — Each tablet contains five grains neocinchophen-Abbott. For a discussion of the actions and uses of neocinchophen and the description of neocinchophen-Abbott, see New and Nonofficial Remedies, 1922, p. 88.

BENZYL BENZOATE-M. C. W.—A brand of benzyl benzoate-N. N. R. For a discussion of the actions, uses and dosage of benzyl benzoate, see New and Nonofficial Remedies, 1922, p. 64. (*Jour. A. M. A.*, July 29, 1922, p. 310.)

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PUBLISHER'S NOTES

ADRENALIN.

When the pressor principle of the suprarenal gland was first isolated it was called Adrenalin by the manufacturers who introduced it to the medical profession. The derivation of the word is obvious — from the adrenal (or suprarenal) glands. And for several years after the product was made available commercially, it was reported upon in the medical press, both here and abroad, as Adrenalin.

In fact the full momentum of clinical observation with reference to the various applications of the pressor or blood-pressure-raising principle of the suprarenal gland was provided by means of Adrenalin, the Parke, Davis & Co. product. This fact is of some significance, even now, for two reasons: First, Adrenalin has always been standardized, we understand, by the blood-pressure method; second, all products of this class

are subject to molecular changes which have a bearing on their activity, and long experience in manufacture has doubtless revealed not only the danger but also how to avoid it.

Adrenalin blanches the inflamed conjunctiva when applied in a dilution of 1 to 10,000; the blood-pressure of anesthetized dogs is materially increased by the intravenous administration of less than one six-thousandth of a grain. This phenomenally powerful drug is applied topically in solution to mucous membrane in non-infective inflammations of all kinds, including hay fever, administered subcutaneously in bronchial asthma, urticaria, serum anaphylaxis, and certain forms of hemorrhage, and given by vein in shock and collapse. The heart that has ceased beating has been known to respond to the direct application of Adrenalin.

Parke, Davis & Co. offer a booklet on Adrenalin to interested physicians.

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ORIGINAL ARTICLES

SUPPURATIVE ARTHRITIS FOLLOWING FOCAL INFECTION.*

E. J. MELVILLE, M. D.,

St. Petersburg, Fla.

Research of the recent literature upon the subject of suppurative infection following focal infection reveals the fact that many and varied micro-organisms may be carried in the blood-stream, deposited in a terminal artery or in the synovial membrane and produce an abscess in and about the joint. Any joint may be involved, but the left knee-joint and joints whose resistance has been lowered from previous infection, seem to be most vulnerable.

A chill, followed by swinging temperature or lameness during convalescence, may be the first symptom, and pain is invariably present. The joint is hot and swollen, there is limitation of motion, obliteration of the bony landmarks, swelling edema and a tense, boggy condition of surrounding parts.

DIAGNOSIS.—This is usually easy. The X-ray shows the primary lesion if it has eroded the bone ends or joint surfaces.

TREATMENT.—In the experience of the writer, free incision and drainage is the only answer. Whenever the extremities are involved, we should immediately apply extension to relieve pain and fix the joint in the most favorable position should ankylosis follow. The following two cases may be of interest:

CASE 1.—During convalescence from a severe attack of pneumonia, a boy, aged 9, developed stiffness of right superior maxilla with inability to open mouth. No chill. Irregular temperature. Parents objected to X-ray or incision and case went on for three weeks and all forms of external applications

were used. Incision and drainage, keeping wound open with a wick of formidine tape, brought about recovery without ankylosis. The only unusual point about this case was the fact that the opening was made in a triangle bounded by the temporal artery, the facial nerve and the parotid duct, none of which was injured, and the evacuated pus showed a clear strain of pneumococci.

CASE 2.—Frank T., builder, aged 59. Came to office November 19, 1921, suffering from lacerated wound of left index finger extending from nailfold to centre of proximal phalanx on dorsomesal side, with skin and subcutaneous tissues peeled down to bone and tendon, three-fourths way round finger. Sulcus formed under replaced tissues filled with green, foul-smelling pus. Injury contracted six days previous by manipulation of a tire-puller, on the road between Pennsylvania and Florida, while touring South. Wound dressed at the time by a physician with an oily solution of dichloramin-T and patient given small quantity for redressing, which evidently had not been carried out as all symptoms of a severe local and general infection were present. Hand and arm painful, indurated by a boggy infiltration. Epitrochlear and axillary glands hard and tender. Temperature 104. Severe bronchitis. No pulmonary consolidation. Mucus rales over primary and secondary bronchi. Respirations, 30. Patient looked extremely ill and toxic, therefore he was sent immediately to hospital and all tags of dead tissue trimmed and scraped away and sloughing wound constantly irrigated with $\frac{1}{2}$ per cent chlorazene solution. Hand and arm kept elevated on pillow and iodine and calomel given for their effect on the protective and eliminative forces of system. Blood count showed high leucocytosis, otherwise normal. Blood and pus cultures showed streptococcus-

*Read before the forty-ninth annual meeting of the Florida Medical Association at Havana, Cuba, June 27, 28, 1922.

pneumococcus group of high virulence. Pneumococcus infection may be explained by the fact that the patient was suffering from a bronchitis when injured. Thirty-six hours after admission, patient had severe chill. November 22, 1921, under chloroform, removed finger at metacarpe-phalangeal joint and made linear incisions clear through hand from dorsal to palmar aspect, leaving wounds wide open and continuing wet dressings. Little bleeding, as tissues were so infiltrated that blood vessels were practically occluded. For next week patient was more or less somnolent, facies pinched, alæ nasi widely dilated, skin dusky and covered with clammy sweat and temperature of the typical iceberg type, indicating grave pyæmia. Treatment along usual lines. Saline enemas every eight hours, to dilute toxin content of the blood; cool sponging; absolute rest; liquid feeding every two hours and exhibition of an autogenous vaccine, beginning with 100 million and increasing to 1,000 million dosage with no appreciable effect. For a week, exitus appeared imminent but now improvement became noticeable and at the end of a fortnight pulse and temperature became normal and recovery seemed to be assured. December 20th, patient complained of stiffness of left knee which increased slowly in size and became very tender. Swelling most pronounced in suprapatellar region. Increased surface temperature and obliteration of all landmarks. Pulse rate accelerated and temperature again assumed the irregular type. Doubtless bacterial emboli had plugged the terminal vessels of the joint tissue, setting up a virulent type of inflammation and producing a sero-fibrinous exudate from the inflamed endothelium of the joint cavity and which later invaded the ligaments, the capsule and the articular cartilages. It may be of interest to note that patient gave a history of a former arthritis of this knee, occurring some twenty years before and which had since caused slight disability upon exposure to cold and dampness. Applied Buck's extension and injected two ounces of a 2 per cent solution of formalin

in glycerin directly into the joint cavity every second day. Extension by relieving the pressure of the joint surfaces against each other relieved the pain, but the injections did no good as far as we could determine. January 2, 1922, under novocaine anæsthesia, made three deep incisions into joint cavity, over the lateral and anterior aspects, evacuating great quantities of pus. Bacteriological examination showed it to be a mixed infection with strains of pneumo-streptococci predominating. Applied splint to foot, leg and thigh of plaster of paris reinforced with wire mesh to which was braised lengths of one-eighth inch wire bent over knee in order that the wet dressing might be changed conveniently. Continual irrigation with chlorozene one-half per cent as before. Patient again began to improve, then on January 15, 1922, both hip joints became involved, necessitating incision and drainage. To make a bad matter worse, pain, followed by a brawny induration and swelling, appeared over the ilio-sacral articulation, which was a week later, incised by a crucial incision. To add to our troubles, the edges of the wounds began to blister in spite of the fact that ungt. zinci. oxid. was kept constantly in contact with them, and I was forced to change the wet dressings of chlorazene to a 1 per cent solution of glycochloride-formol which was continued thereafter.

Patient had now acquired an immunity from his offending micro-organism, and under forced feeding and open air improved rapidly in weight and strength and left the hospital February 24, 1922. Touching up the walls of the abscess cavities every fourth day with a probe whose end was encrusted with a pellicle of nitrate of silver soon closed the hand and both hips, but the knee still discharged pus February 15th; applied a tourniquet at gluteal fold, leaving it on eight hours. The effect was rather startling. Patient had a hard chill, followed by a rise of temperature to 104, severe headache and great engorgement of knee which discharged large quantities of a straw-colored serum.

Removed tourniquet and cast, and in forty-eight hours not only had all signs of recent engorgement disappeared, but from that time no further suppuration was evidenced and in a week patient was walking on crutches and beginning to bear some weight on knee. The lumbo-sacral abscess, however, had undermined the tissues over sacrum and coccyx and had worked between the gluteal planes to a considerable extent, prior to drainage, and as a consequence we had a loosening of the skin and superficial tissues from the deeper structures with a crater-like opening in the skin. The lining of this cavity had ceased to suppurate, and when examined with a cystoscope showed a glistening lining which secreted a thin serum-like discharge. Applied a melted pellicle of nitrate of silver fused to the end of a probe every fourth day and kept cavity filled with bismuth paste. However, the oily substance was absorbed, leaving the powder, and after two weeks of this treatment changed to glycochlorid-formol ointment which, by April 1, 1922, when patient returned to his home, had healed the cavity to about half its original size. Patient had about 20 per cent limitation of motion in both hips, some shortening of the tendo-achilles and plantar flexion of the great toe. An improvised laced legging, reinforced by wood strips, is still worn on knee, but patient is able to walk very well without crutches or cane. Whether or not a plastic operation will be necessary to obliterate the cavity over the sacrum, is problematical.

THE INVISIBLE INGREDIENT IN MEDICINE AND SURGERY.*

R. R. KIME, M. D., F. A. C. S.,
Orlando, Florida.

The leading thought in my message today is that presented by one of the oldest and most reliable manufacturing chemists in America.

For over sixty years the invisible ingredient has been manifest in all the products of the house of Squibb and the name indicates "honesty, integrity and efficiency."

What an honor and heritage to bequeath to this fast-moving unstable world. The world is in commotion today because the individual and nation have failed to utilize the invisible ingredient in their work and relations with each other. The various professions, varied business interests, commercial bodies and labor organizations are in commotion because they have not been wholly actuated or guided by this invisible ingredient in their actions and transactions. The world in its rapid transit has neglected some of the vital things of life that make for stability and permanency in human development. We are in a "movie" age and with the mind's eye we have only to take a brief review of the past and the "cinema" is set for a grand panorama beginning with primitive man emerging from the cave with the oxcart, gaining momentum with the advent of the wagon, buggy and stage coach, increasing the speed with the steam engine, the electric engine, and the automobile, until the wheels of time began to spin so fast that man has risen in aerial flights and to heights heretofore unknown.

With the invisible power of electricity in the material world, advances have been equally as rapid, until messages now encircle the globe on invisible waves, in invisible space, and the individual has only to put himself in harmony and unison to receive its benefits.

Man is out of harmony with this age because of the lack of proper development, he has not kept pace with the rapid material advancement, and has thrust upon him powers and responsibilities which he is not prepared to meet. A complete man has four characteristics evenly developed—the physical, the mental, the moral and the spiritual.

The greatest fault and deficiency of this age is the lack of development of the moral and spiritual characteristics of mankind.

Germany developed the physical and mental at the expense of the moral and spiritual and she is reaping her reward.

*Read before the Florida Midland Medical Society, Lakeland, October, 1922.

America has neglected the moral and spiritual and is now reaping a reign of lawlessness and crime with rumblings of a deeper commotion.

American moral and spiritual standards are distorted, perverted and improperly developed to meet the responsibilities and duties of this age of rapid material development. A man under the influence of alcoholics might drive an oxcart with comparative safety, but he has no moral right to act as an aerial pilot, as conductor or engineer on a twentieth century limited, or even to drive an auto. If he is allowed to do so there is something wrong with moral standards. If man's moral and spiritual characters had been properly developed we would not now have the world commotion, strikes, lawlessness, crime waves and national distrust, but peoples and nations would now be living together in unity and harmony. Develop the physical and mental and eliminate the moral and spiritual, then you have a criminal, and the more you educate a criminal the greater his power for evil.

America needs higher ideals with more moral and spiritual training, so she will do her duty in unity with other nations of the earth and not be actuated by political, selfish, sordid, individual interests, even if it requires a "League of Nations."

The last report of the National Sunday-School Council of Religious Education states there are more than 27,000,000 American children, nominally Protestant, not enrolled in any Sunday school and who receive no formal or systematic religious education; that there are 8,000,000 American children, less than ten years old, growing up in non-church homes. This same report states that seven out of every ten children and youths under twenty-five years are not being touched in any way by the educational program of any church. *What will the future harvest be?*

"We spend twenty-two billion seven hundred million dollars annually for luxuries such as tobacco, movies, candies, cosmetics, jewelry, soft drinks, chewing gum, races,

etc., and only one billion for all education." *Current Opinion*, October, 1922, p. 451.

Add to this the "movie education of the young," the present disregard for law and order in the home and elsewhere, then pause, meditate and honestly answer, am I doing my duty to the present and future generations, am I making my civic home, state, the nation and world better and doing my part in the moral and spiritual development of mankind?

It has been said "all men are born equal." I challenge the statement and assert all men are born unequal and will be so until all are perfectly developed. Some are doomed to misery and suffering before they see the light of day by hereditary and acquired characteristics and disease, others are equally bound by environment and training, and no one knows this better than the physician. He also recognizes the appalling significance of the statement, "The sins of the parents are visited to the third and fourth generation."

The physician has a threefold obligation and duty to humanity as compared to an ordinary citizen. First, the obligation of any true citizen; second, the obligation according to his influence as an educated man; third, the obligation of a physician, having a knowledge of the normal and diseased physical, mental, moral and spiritual of mankind. To fulfill these obligations the physician should be the ideal leading citizen in his community; anything short of this is duty left undone. No profession has greater opportunities and greater responsibilities than that of the medical profession unless it be that of the ministry.

Are we as a profession measuring up to our duties and responsibilities in this day and generation, or are we drifting with the tidal wave of moral laxness and lowered ideals?

In days gone by the family physician was honored and revered next to the minister, but today the medical profession is passing through an age of specialism and commercialism in which many of the traditions

of the past are being changed and swept aside by the new order of things.

Some are yielding to doubtful methods of commercialism, others are placing the "all-mighty dollar" above the ideals of the profession and duty to humanity. Some surgeons, in the mad rush for business, supremacy, and the dollar, are prostituting their profession by splitting fees, giving commissions or resorting to some questionable subterfuge to secure patients.

Such surgeons lower the standard of the medical profession, cause the public to lose confidence in the moral character of the profession at large.

Any physician that so sells his patient is equally guilty and in addition betrays the trusting confidence of his patient, and if the patient should die as a result of lack of ability of the surgeon, the physician is responsible for the death. Suppose the patient was a loved one of your family that was betrayed, sold and sacrificed, what would you do and say? If the transaction is honorable, turn on the light, frankly tell your patients you are selling them to the surgeon making the highest bid, so you will make money out of them.

Here is where the rank and file of the medical profession can do a valuable service and elevate your professional standing with your patrons. Select a surgeon that utilizes the invisible ingredient ("honesty, integrity and efficiency") in his work, go with your patient to the surgeon, hold a consultation, giving surgeon valuable information in regard to patient, and if possible be present at the operation so that you may see the results of your diagnosis. By so doing you will discharge your duty to your patient, often gain valuable information, then you are entitled to remuneration for your services, not from the *surgeon* but the *patient*.

Present your bill for consultation and visits, *not to the surgeon* but to the *patient*, then the patient will recognize you have rendered him valuable service and honestly entitled to pay for your service.

In so doing you will have transacted a clean, honorable, honest piece of business, increased your own self-respect, increased the patient's confidence in you, and you will have merited the confidence of the public and your profession.

Any high-toned physician should consider it an insult for a surgeon to offer him a commission or to split fees with him for his surgical work. Such a surgeon is not sincere and at the first opportunity, if it is to his advantage to do so, "he will strike you a blow below the belt," and undermine your patient's confidence in you.

The physician and surgeon should each put the invisible ingredient in their work and practice the silver rule toward each patient—"treat and charge each patient as you would like to be treated and charged if in their place."

Physicians and surgeons utilizing these principles will add honor, luster and prestige to one of the noblest professions on the face of the earth.

The physician ushers man into this realm of life, is his councillor and adviser during the voyage of life, and when the evening shade appears, gently bids adieu as the curtain of life is drawn aside and "man passes beyond that green curtain that never outward flows." What nobler calling, what greater opportunity to discharge duty and benefit mankind?

Do I hear some physician say, "Why need I bother with the moral and spiritual of mankind?"

You have a threefold obligation: (1) As a citizen; (2) as an educated man; (3) as a physician. No profession has any greater obligation.

As a physician you have announced to the public that you have studied the normal and abnormal of man and prepared to recognize and treat disease of mankind. You are supposed to know the cause and effect of the abnormal. In the study of man we find he has four characteristics, physical, mental, moral and spiritual; that they are inseparably connected or linked together in the highest

type of man, and that each is essential in man's highest development. These four characteristics may be likened to a chair with four supports in good condition performing its useful mission, but with two front supports or posts broken it is even unable to stand alone and is worse than useless as it is in the way, is an obstruction and a serious menace in the dark. So with man without moral and spiritual character.

We are told that (*Collier*, October 14, 1922) "of 1,200 prominent men in the United States, 1,000 are sons of preachers. Of 2,145 notable men in England 1,270 are sons of preachers. In 1910, ten out of every fifty-one persons in the Hall of Fame were sons of preachers, five of our Presidents were sons of preachers."

Need I say this is the result of the moral and spiritual manifested in heredity, training and example? Was the child in the slums born equal? Has even your own child had and equal chance in life?

One of the greatest blessings to humanity is *physical and mental character*. These can not be purchased with money, they must be developed by systematic exercise and training from generation to generation. Muscles atrophy and tissue degenerates if not exercised. It also requires exercise and training to develop moral and spiritual character, in which heredity and environment have their influence.

This brings up the question of hereditary transmission of acquired characteristics, which time and space forbid discussion now.

The moral and spiritual distinguishes man from the lower order of animals that perpetuate life by brute force and destruction of each other. In the properly developed man the physical is under the control and direction of the mental, the mental is under the control and direction of the moral, and all three are under the control and direction of the spiritual, *the highest ethical conception of man*. Here I might suggest to help out the Great Commoner, that it is more probable the monkey devoluted from man

than that man evolved from the monkey. Can any animal transmit that which it does not possess? How could the monkey transmit the moral and spiritual characteristics to man if he did not possess them?

The true physician must deal with the moral and spiritual to prevent disease and degeneration of the physical and mental of mankind. A race without morals becomes diseased and degenerates, so with man. The moral character and dictates of the conscience depend on the development of the ethical-spiritual conception of man.

The present wave of immorality, crime, lawlessness, "boot-legging," flapperism, dapperism, etc., is due to lack of moral and spiritual training in the homes, in the public schools, in the colleges, in civic, commercial, business and professional affairs.

Every true physician should know the effects of the immutable law, "the sins of the parents are visited to the third and fourth generation"; that the social vices are destructive to the physical, mental, moral and spiritual of mankind; that alcoholics not only affect the present generation but transmit degenerative tendencies to succeeding generations; that the epileptic, the degenerate, and the immoral propagate their kind.

Having this knowledge, the obligation of the physician is doubly increased to use the invisible ingredient in his professional work and also manifest it in his own life by precept and example. The physician sooner or later enters nearly every home in the land and often the sacred confidence of the home is confided to his care and keeping, and the health, peace, happiness and comfort of the home depends upon the advice and use of the invisible ingredient by the physician.

The medical profession has inherited high ideals and great achievements from such men as Harvey, Jenner, Pasteur, Lister, McDowell, Sims, Long, and Gorgas, besides the heroes that gave their lives in the fight to conquer yellow fever, typhus fever, etc., and *we can not maintain such ideals without utilizing the invisible ingredient in our life and work*.

Moral and spiritual character do not come by spontaneous generation but by careful cultivation and development, the same as physical and mental character.

What we need is more of the moral and spiritual teaching, training, and development in the homes, public schools, movies, in civic, in commercial, and in professional business if we expect mankind to develop and dwell together in peace, harmony and unity.

We need red-blooded, all-round, four-square American physicians discharging their duty to the community, the profession and humanity, not weak-kneed, rickety, bow-legged bipeds with jelly-fish spines and rubber necks that wobble the gray matter in placid response to the wiles and foibles of the day.

We need full-grown men and women, not dappers and flappers. Men and women evenly developed physically, mentally, morally and spiritually, utilizing the invisible ingredient in their actions and transactions in life, then higher ethical ideals and principles will guide the destiny of mankind.

Even with all this moral, spiritual, social and professional unrest I am yet an optimist and believe there is more good than bad in humanity and that the good will ultimately triumph.

To hasten this result every true physician should make his home, his community, his profession and church the highest ideals in life and not only utilize the invisible ingredient in his professional relations and work, but also in the development of the highest ideals in the moral and spiritual characters of mankind, and he will then have done his part in maintaining the integrity, prestige and usefulness of his profession.

THE LIPOIDS.

By H. ISCOVESCO, M. D.,
Paris, France.

The word "lipoid" has a physiological meaning and, like the word "ferment," does not confine any well-determined chemical group. The lipoids are really functional entities which have forced themselves upon

us. Our actual definitions and classifications of those organic substances having the appearance of fats are as important as were those of the albuminoids. In the same way as we never talk of albuminoids, but of proteins, in which are included the albumens, the globulins, the protamines, etc., it would be better to designate as adipoids a group of substances which includes the true fat, the acid fats, the waxes, the lipoids, the cholesterolids, the protagons and the cerebrosides.

It has become customary to designate under the name of lipoids everything that is extracted from the tissues and humors of the organism by means of solvents such as ether, chloroform, benzol, etc. But the first extractions remove, in addition to the adipoids, many impurities such as proteins, coloring matter and even some salts. It is only after several precipitations and further treatment with appropriate reagents that a pure lipid is obtained, or at least a group of lipoids in which one of them is so largely in excess that one may ignore the rest. The final product is a substance which has more or less the appearance of a fat, but it differs completely from fat in its biological properties and also in the chemical constitution of its molecule. In fact, a lipid is more a fat than is vaseline, in spite of its physical appearance.

At the present time the following points may be considered as settled:

1. The lipoids are adipoids. Their molecule, which is much larger than that of the true fats, contains one or several radicals of the higher acid fats, often glycerophosphoric acid, a nitrogenous base which is variable and characteristic of the lipid in which it occurs, sometimes sulphur in place of the phosphorus or even sulphur and phosphorus together. It is for this reason that they have been classified as phosphatics, sulphatids and cerebrosides, which latter contain neither sulphur nor phosphorus.

In short, whilst the true fats are always ternary substances (C.H.O.) the lipoids are always at least quaternary (C.H.N.D.)

and more often than not quinternary (C.H.O.N.P.).

2. Cholesterin is not a lipid any more than is alcohol or phenol or certain bases of organic origin which are soluble in alcohol or ether. Cholesterin is an adipoid. It is a ternary substance and has an alcohol function. It always accompanies the lipoids and seems to have a balancing function or a neutralizing action with regard to these substances, attenuating ~~or~~ compensating some of their effects.

3. Pure lipoids may be prepared which are absolutely free from all trace of proteins. It is with such pure lipoids that I have carried out my researches.

4. The lipoids are not colloids, although they may give fine emulsions with water. They are no more colloids than are sulphides of arsenic or iron hydroxide, in spite of the fact that in certain conditions during their preparation they may be found in the form of colloidal suspension.

5. Overton thought that all cellular changes were conditioned by the lipoids. It is now known that this opinion went too far and that liposolubility intervenes as a factor only in certain conditions, which may be considered as exceptional, as in narcosis for example.

Nothing definite is known regarding the function and the importance of the lipoids in immunity. There are facts in great number, a cloud nucleus of science. It is probable that there is no general law governing this condition. It is impossible to synthesize.

Certain lipoids are hemolytic, others on the contrary are antihemolytic. I have myself showed, with Foucaud, that the red corpuscles contained lipoids which protected them against the soaps and saponin. Certain microbes contain hemolytic lipoids. Kyes' cobralecithid was the subject of some very beautiful research work on the part of Fourneau and Delezenne who characterized it as an anhydride of the monopalmitophosphoglyceric ether of chlorine. It is then a type lipid.

The lipoids have no constant function in hemolysis; it is all a question of kind. All depends in fact on the conditions and on the different substances with which the lipoids can enter into combination. The case of cobralecithid is perhaps not unique.

The lipoids of certain microbes are toxic. Some of them, injected under the skin, provoke intense inflammatory reactions. This is the case with certain lipoids extracted from the tuberculosis bacilli.

It is not certain that the lipoids are antigens.

It appears that they play an important part in the Wassermann reaction.

Calmette, Massol and Guerin have pointed out that animals whose serum is rich in lecithin are less liable to tuberculosis than those whose serum is poor. Regarding the fixation of toxins, generally speaking, there is no law; it is again a question of kind. There are lipotropic toxins just as there are alkaloids which are liposoluble, or otherwise. All depends then on the physico-chemical properties of the toxin under consideration.

It seems to be almost certain that, in certain cases, lipoids, either pure or combined with certain ether substances, may play an important part in some of the mechanisms of immunity. All depends on the case. This is all that can be positively affirmed and it is extremely gratifying. Is it possible to formulate a general law on the part played by the inorganic salts in the organism? Certainly not, for all depends upon the salt and the case under consideration. It is sufficient to know that the salts play a capital role in the phenomena of life, leaving us to study each particular case thereafter. It is exactly the same thing with lipoids.

The experiments of Hopkins are very often cited as the first which demonstrated the absolute necessity of the presence of lipoids in food. It was really Wilhelm Stepp, whose first researches date from 1909 and were finished in 1911, who raised the question and showed the way, even to the American authors who only brought to the

doctrine of Stepp some complementary details, but they created a new word: Vitamine A or Vitamine lipsoluble. First Stepp and Hopkins a year later proved that it was impossible to maintain an animal alive or to permit of the growth of a young one, with a regimen which was rigorously deprived of all its lipoids. The researches of Neville, MacArthur & Luckett, McCollum & Davis, Lafayette B. Mendel, Osborne and Mendel, Hans Aron, Durlach, Heubner, Roehl, etc., confirm the experiments of Stepp; any regime without lipoids is deficient. It must, however, be taken into account that, in order to deprive a tissue entirely of its lipoids, very prolonged extractions are required, and very often a series of solvents. It is to technical faults in making the extraction that certain contradictory results published by some American authors must be attributed. The only argument which can be brought forward for the existence of Vitamine A fat-soluble, which it may be stated would be removed by the extracting solvents at the same time as the lipoids, is the very small quantity of lipoids which it is necessary to furnish, in order to complete the regimen. But this argument has no value whatever. It is only necessary to consider that, the organs of a rat containing altogether a few centigrams of lipoids, a very small quantity of butter or hepatic lipid would suffice to be greatly in excess of the quantity of lipoids contained in all its organs. Nearly all the experiments of this kind were carried out on rats. We also know from Roehl's experiments that the organism is incapable of synthetizing the characteristic lipoids of its organs from inorganic phosphorus, however much of the latter be supplied to it, and from another source (Heubner) that growth is best promoted by organic phosphorus.

Animals submitted to a regimen deprived of lipoids can be preserved by the addition to their food of butter, cream, a little cod liver oil or lipoids from the kidney, pancreas, liver, muscles or other organs. But on the other hand, neither lecithin, nor cerebrin, nor cephalin, possesses this offsetting property.

Lipoids play a leading part in the nutrition of the cornea and in the development of the skeleton. Some time ago, the Japanese Doctor Mori had noted the frequency of xerose of the cornea and of keratomalacia in children fed exclusively on vegetables. These children recovered perfectly when given cod liver oil. Goldschmidt and A. Franck were able to reproduce in rats these serious troubles of the cornea and conjunctiva with a regimen deprived of lipoids.

Regarding skeleton troubles, the researches made by Mallanby are not conclusive, since the rachitism in his young dogs was provoked by the simultaneous absence of lipoids and lime. It is true that the subjects recovered on receiving cod liver oil. But on the other hand, many cases have been observed since the war of ostionomalacia in young children who received, as fat food, only a kind of a vegetable margarin. These facts have been observed by Bloch at Copenhagen, Harriette Chick and Elsie J. Dalyell at Vienna. In all these cases a small quantity of cod liver oil was sufficient to obtain a cure. Now, I showed since 1914, that the activity of cod liver oil was solely due to the lipoids contained in it and that it is only necessary to remove from it, by precipitation with acetone (at low temperatures), the contained lipoids, for it to lose its specific properties.

For a great number of English authors and for the Commission delegated by the Lister Institute and the Medical Research Committee, the lipoidic substances and the fat-solubles play a capital role in the development of the skeleton and are given the name of antirachitic substances. But these conclusions are based on the researches of Mallanby which do not carry absolute conviction.

In any case the lipoids are indispensable for life and for growth; that is certain and it was first demonstrated by Stepp. It appears that, for the adipoids as for the proteids, the organism has not only quantitative needs but also qualitative, and that, just as it is incapable of synthetizing certain amino acids, it is incapable of synthetizing

the stearines and certain of the highly differentiated lipoids.

But there is more to be said. My researches have proved that the lipoids play not only a capital role in the general development of the organism, but further, that certain lipoids exercise a local influence on certain organs. It is these facts—the influence of certain lipoids on the nutrition and growth of certain organs, to which I was the first to call attention—that I shall now set forth.

Here arises an important question. Do certain organs contain lipoids which are specific and characteristic for the organ under consideration? We can at once reply in the affirmative for the heart, the liver, the placenta, the corpus luteum, the brain and the thyroid. Erlandsen has extracted from the heart a mono-aminomono phosphatid containing an animal base (amino biogen) which is found nowhere else and which is characteristic for that organ. I have isolated this same lipid and have found that it has marked exciting and cardiotonic properties. The corpus luteum contains a lipid which is a pentaminodiphosphatid (Hermann) which is found nowhere else in the organism and is characteristic. The placenta contains a lipid which is very rich in nitrogen and which is characteristic. The kidney contains carnaubon, isolated by Dunham; the pancreas, vesalthine, isolated by Frankel. The nervous system contains sahidine (Frankel), sphynomyeline, which Rosenheim and Tebb were able to isolate by means of hot pyridine, cephaline, etc. The lipoids extracted from the different organs differ one from the other completely in their physical aspects. Nothing is more unlike the ovarian lipid than that of the testicle or the thyroid.

Another and surest method of differentiating one lipid from another is the physiological method. It is the method I adopted. Just as the physiological method is the only one which enables one to know definitely

whether a ferment is glycolytic or amylolytic, so the experimental method which I followed is the only one, until the chemists have finished their study of the lipoids, which allows one to study their physiological role.

My first experiments date from 1908. I used principally rabbits, sometimes also dogs. I always kept controls of the same age and weight and sometimes even from the same litters.

I was able thus to demonstrate that the administration of an ovarian or testicular lipid to a young rabbit, provoked, after a certain time, hypertrophy of the ovaries and uterus or, respectively, of the testicles. While the uterus of the rabbit controls weighed on the average 3.5 to 5 grams, those of the treated subjects weighed from 8 to 10 grams and even more. In the same way, while the ovaries of the treated subjects weighed (the two together) .75 to 1.3 grams, those of the controls weighed .4 to .5 gram. Similar results were observed in the case of young males treated with the testicular lipid.

With the thyroid lipoids (the portion which is insoluble in acetone), I have found after a few weeks (generally 12 to 14) not only an increase in the thyroid, but also a slight hypertrophy of the heart and of the genital organs, this last, however, much less accentuated than with the ovarian lipid.

I have shown, after Kepinow, that the administration of the lipid of the red corpuscle to rabbits which had been abundantly bled, provoked a very rapid regeneration of the red corpuscles.

The lipoids of the heart, kidneys, adrenal bodies, give results which are absolutely comparable with those obtained with the ovarian and testicular lipoids; in the case of the adrenal bodies, the results are different according as one administers the lipoids of the cortex or the medullar; increase in the heart and the adrenal bodies, slight increase in the size of the kidneys in subjects treated with the lipoids of the medullar; no increase in the heart nor in the kidneys, slight increase in the adrenal bodies in those treated with the lipoids of the cortex, and at the

same time disturbances in the hair system and in skin pigmentation.

Regarding the liver, I have extracted a lipid which is not only an excitant to the liver but which exercises a remarkable influence on the growth and weight of the animals treated. If Vitamine A exists, which is very doubtful, it is in the liver lipoids that it is found in greatest abundance. It was these first experiences which led me to enquire whether the action of cod liver oil, not only as a promoter of growth but also as a completer of the diet, was not due to its lipoids. My researches on this subject, as I have stated above, have fully demonstrated that the characteristic properties of this oil are due to the hepatic lipoids contained in it.

Animals suffering from under-nourishment due to a regime deprived of lipoids recover very rapidly when given hepatic lipoids. Moreover, young rabbits treated with injections of 2 centigrams of these lipoids daily for 130 days, increased in weight 59 per cent, while the controls only increased 29 per cent.

Some of the facts which I have observed have been noted by Fellner who, after injecting into young rabbit's ovarian lipoids for two or three weeks, found marked hypertrophy of the uterus with hypertrophied mucous, presenting lengthened cylindrical epithelial cells. Tests made by this same author, on women with the ovarian lipoids and on men with the lipid of the testes, gave him results of the same order as those observed in the experiments on animals.

Hermann injected the lipid of the corpus luteum into three young rabbits and obtained congestion and hypertrophy of the uterus and, at the same time, an abundant serous secretion of the mammary glands. He noted also that this lipid reduced the rut cycle to two weeks whereas it is normally a month. He obtained results of the same order on castrated animals. These presented considerable hypertrophy of the uterus and the mammellæ together with a serous secretion.

All my experiments with the ovarian lipoids have been repeated by Nafilian who

confirms them in every particular; moreover, he experimented with the ovarian lipid on pregnant females and observed that not only did the ovarian lipid cause no trouble in the normal course of gestation, but that the young weighed at birth more than those of animals which were not treated. He noted that the mammellæ of the mother who had been treated were gorged with milk.

What is the mechanism of the action of the lipoids? Before trying to answer this question, we should give prominence to two important facts:

The first fact is that the quantity of lipoids contained in an organ diminishes in the majority of cases when the organ is diseased. Whereas one finds in the normal fresh liver of an adult about 60 per cent of lipoids (the part which is insoluble in acetone), scarcely 20 per cent to 45 per cent is found in the case of Laennec's cirrhosis. The quantity of lipoids is diminished even when the organs are attacked by fatty degeneration. Koch and Mann, Carbone and Pighini found an impoverishment in lipoids of the brains of numerous subjects who had succumbed to chronic affections of the nervous centres. The same poverty in lipoids was found by Mott and Barratt, Haliburton, in the marrow of tabetics, by Ambard Rathery and Schaeffer, in renal sclerosis, by myself in the liver in cases of phosphoric poisoning.

A second very important fact which must be recognized is that when a lipid is administered to an animal, the lipid goes to and fixes on a determined organ, electively. As far back as 1907, Franchini had shown that lecithin, administered orally to rabbits, was fixed exclusively by the liver and the muscles and not at all by the brain, although this organ is one of the most lipotropic of the organism.

These experiments also proved that lecithin traversed the digestive tube without being altered by the lipolytic ferments, a fact which has been confirmed by Stassano and Billon as well as by Terroine. Salkowski wanted to know whether the brain, which is

unable to fix lecithin, which does not enter into its constitution, was able to fix one of the lipoids of which it is constituted. He tried the sahidine of Frankel, one of the most important constituents of cephaline. He was able to determine that after four days of administering this lipid orally, the quantity of lipoidic phosphorus in the brain was augmented, that the liver did not fix any sahadine and that this appeared to be fixed for the most part in the brain. In the same way, the ovaries of animals treated with the ovarian lipid are enriched in phosphorus.

The lipoids act then by fixing themselves electively on the organ from which they are derived and, in the case of some of them, also in part on other organs (thyroid, liver).

The experiments on animals and chemical analysis prove that in certain cases our organs are unable to synthesize their constituent lipoids and that it is necessary to furnish them with them already prepared. It is for this reason that I have named these lipoids "Homo-Integrants." In truth they are Homo-Aliments.

It was quite natural to try the lipoids in human therapeutics.

Since 1910 I have tried the ovarian lipid on women suffering from different ovarian troubles and have had the most satisfactory results.

Nafilian has treated 14 cases with the ovarian lipid. He cites in his work 12 cases of ovariectomy, 15 monopause troubles, 7 cases of chronic ovaritis, 3 amenorrhea, 17 dysmenorrhea, 4 of senility, 4 chlorosis, 3 of divers troubles attributed to hypo-ovary, all cured by the ovarian lipid treatment.

Seitz, Wintz and Fingerhut made tests with the lipid of the corpus luteum and arrived at the same conclusions as myself. The late Jaquet, Doctor of Saint Antoine, and his assistant Debat, for a long time had a patient suffering from rebellious acne due to hypo-ovarian trouble and who was cured by the ovarian lipid. I will not cite again the facts of the same kind noted by Fellner, Hermann, of which I have written above.

It would be tiresome to cite here all the authors who have employed lipoids with the most satisfactory results. The hepatic lipid is employed by many physicians at present in the place of cod liver oil. Results are more constant and more regular than with the oil. They are moreover much more rapid, and one notes important increases in weight after the first month in children or in adults who are of tuberculous tendency. The heart lipid is perhaps the most powerful and the most inoffensive of the cardiac tonics. The lipid of the red corpuscles, that of the brain, of the kidney, and pancreas have their precise indications, easy to deduce from experimental facts. It is not necessary to enlarge further this point.

In conclusion I believe that it is difficult not to admit, at the present time, that in many cases of deficiency of the internal secretions, it is simply a question of the lack of lipoids. Our organs, in certain conditions, being unable to synthesize their own lipoids, it is necessary to furnish them already made.

It is known that in the case of the albuminoids, these are the better assimilated for being taken from a species nearer akin to the animal receiving them; that animal albumens are better utilized than those of vegetable origin.

At the present day there exist wide divergencies of opinion among physiologists and doctors on the subject of the internal secretion organs.

Whilst the majority of physiologists consider that we have the right to admit as internal secretion glands, only a limited number of formations—the interstitial gland, thyroid, parathyroid, the Langerhans bodies and, perhaps, the adrenal bodies—the doctors, on the other hand, in view of the results obtained by opotherapy with powders of organs and tissues of great variety appear to suppose, and even find that there are internal secretions in every portion of the organism. I believe that these divergencies of opinion between physiologists and doctors are entirely conciliated by admitting that for the

most part, when we practice opotherapy, we practice homo-alimentation.

The homo-alimentary theory is practically proved at the present time in the case of the lipoids which fix themselves electively in the organism.

I may add, in conclusion, that if the vitamins A exist, which is very doubtful, these vitamins are to be found in greatest abundance in the lipoids of the liver and the pancreas.

There are vitamins A which favor the growth of the whole organism, there exist local vitamins for each organ, and they are its lipoids. It is further possible that the specific nature of the lipoids of each organ is due to the nitrogenous base—amino biogen, which enters into the constitution of their molecule.

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PROPAGANDA FOR REFORM.

DIGALEN.—Digalen was introduced with the claim that it was soluble amorphous digitoxin (a substance unknown to chemists) and with the claim that it possesses all the advantages and none of the disadvantages of digitoxin, such as cumulative effect and the production of nausea (claims which have been made for many proprietary digitalis preparations, but which always prove untenable). In 1909 the Council on Pharmacy and Chemistry admitted Digalen to New and Nonofficial Remedies after the manufacturer had discontinued the palpably unwarranted claims which had been made for the preparation. The Council did not determine whether Digalen contained "soluble amorphous digitoxin," but accepted it merely as a standardized and fairly stable digitalis

preparation. Subsequently, the claim that it was a stable preparation was challenged. In view of the increased extravagance of the claims for Digalen, the Council in 1915 made a reexamination of this product and directed its omission from New and Nonofficial Remedies. There is no available evidence to indicate that Digalen has any advantage over tincture of digitalis or the infusion of digitalis for oral administration or that it is equal to ouabain or strophanthin for intramuscular or intravenous injection. With a better knowledge of proper dosage—for instance by Eggleston—an increasing number of practitioners find that, except in exceptional cases, the desired action of digitalis can be obtained by the administration of the official tincture of digitalis. (*Jour. A. M. A.*, July 1, 1922, p. 61.)

DESENSITIZATION TO RHUS.—Contrary to the theory of "desensitization" to rhus poisoning by internal administration of tincture of rhus, it appears that the susceptibility to rhus may be increased by successive intoxications. (*Jour. A. M. A.*, July 15, 1922, p. 220.)

MORE MISBRANDED NOSTRUMS.—The following proprietary preparations have been the subject of prosecution by the federal authorities charged with the enforcement of the food and drugs act:

Homosan (International Toilet Co.), consisting of tablets containing a trace of strychnin.

Haskin's Cough Medicine (Haskin Medicine Co.), a liquid carrying tar, chloroform, sugar and water.

McMullin's Tonic (Tilden McMullin Co.), containing alcohol, glycerin, iodids, phenol (carbolic acid) and water.

Dupree's French Specific Pills (United Drug Exchange), containing aloes, iron sulphate and a trace of alkaloids, with indications of cottonroot bark and tansy.

Apollo Brand Sexual Pills (S. Pfeiffer Mfg. Co.), containing extract of nux vomica and damiana and phosphorus.

Shores' Mountain Oil Liniment (Shores-Mueller Co.), containing cajeput, winter-

The Journal of The Florida Medical Association

Owned and published by the Florida Medical Association.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at St. Augustine and Jacksonville. Price \$1.50 per year; 15 cents per single number.

Contributions for publication in this journal, whether scientific papers or reports of County Secretaries, should be typewritten.

Address Journal of the Florida Medical Association, St. Augustine, Florida, or 602-603 Consolidated Building, Jacksonville, Fla.

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TENTH DISTRICT—R. L. Cline, M. D., Arcadia . . . 1923
ELEVENTH DISTRICT—W. R. Warren, M. D., Key West . . . 1924

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EUGENE E. PEEK, M. D. . . . Ocala

IMPORTANT.

All titles of scientific contributions to be presented at the Fiftieth Annual Meeting of the Florida Medical Association, to be held in Jacksonville, May 15th and 16th, should be forwarded at once to Dr. John S. Helms, Chairman of Committee on Scientific Work, Tampa, Florida.

The Florida Railway Surgeons' Association will meet on May 14th, and titles of papers to be presented at this meeting should be mailed at once to Dr. E. W. Warren, Secretary, Palatka, Florida.

green, sassafras, cedar oils, camphor, ammonia, borax, washing soda, plant extractions, capsicum oleoresin, alcohol and water.

Montauk Star Brand Pills, containing iron sulphate, aloe and a trace of strychnin.

Princess Brand Pennyroyal, Tansy and Cotton Root Bark Compound Pills, containing aloe.

HAELEPRON TABLETS NOT ADMITTED TO N. N. R.—Haelepron Tablets are made by Bodenstein and Gaslinsky, Berlin, Germany, and sold in the United States by the Haelepron Sales Co., New York. The following, nonquantitative statement of the composition of Haelepron Tablets appears on the trade package: "Haemaglobin, Lecithin, Calc, Lact., Protein vegetab., Ferr. Sacch., Ferr. pyrophos." The Council on Pharmacy and Chemistry finds Haelepron Tablets inadmissible to New and Nonofficial Remedies because, (1) their composition is indefinite and semi-secret; (2) the recommendations for their indiscriminate use are unwarranted; (3) the name is not descriptive of their composition, and (4) they are an irrational and useless combination which can have little, if any, effect on the conditions for which they are recommended. (*Jour. A. M. A.*, July 22, 1922, p. 319.)

PUBLISHER'S NOTE

THE VALUE OF VACCINES IN
ACUTE INFECTIONS.

The use of bacterial vaccines was for a long time limited to prophylaxis and to the treatment of chronic infections. Today there is a rapidly growing practice of giving them in acute conditions for the immediate results which usually follow their early administration.

"I know of nothing in the whole range of medical treatment so dramatic as the rapid

defervescence which follows the injection of a suitable dose of vaccine to a patient suffering from pneumonic or influenzal pneumonia within twenty-four hours of its onset," from an article entitled "Acute Pneumonia and Influenzal Broncho-Pneumonia," by W. H. Wynn, M.Sc., M.D., F.R.C.P., in the September 2, 1922, number of the *Lancet* (London). Swan-Myers Company, Pharmaceutical and Biological Laboratories, Indianapolis.

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A WOMAN living in a small town in the Middle West, went to another state for an operation. The operation was performed. She returned home sooner than was recommended.

A doctor in her home town cared for her during convalescence.

She did not improve and sought the services of another physician in another part of the same state.

He suggested a trip to California. She took the trip and after arriving on the coast, sought and received services from Doctor Number Four.

Upon returning home she died, several months later.

Her husband sued Doctor Number One.

Our Legal Specialists in Malpractice immediately became active in behalf of the defendant and in the course of compiling the defense

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THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION

PUBLISHED MONTHLY

Volume IX

St. Augustine and Jacksonville, Florida, March, 1923

Number 9

ORIGINAL ARTICLES

VERTIGO AND THE EAR.

A. K. WILSON, M. D.,
Jacksonville, Fla.

The fact that the ear is of so much importance in the maintenance of equilibration, no treatise on vertigo could be undertaken without its elaboration. In the past, physicians have looked upon vertigo as some unknown mysterious disturbance, but the vast strides made in neuro-otology reveal that vertigo is a distinct ear condition, caused by a disturbance of the vestibular apparatus.

Vertigo is a subjective sensation of a disturbed relation of one's self to the surrounding space. But to avoid misunderstandings, one must differentiate between vertigo and dizziness and not confuse the two terms. Vertigo does not disable; dizziness does.

Equilibration is defined as our ability to maintain ourselves in relation to other objects. Perfect equilibration results from the cooperation of (1) sight, with eye and ciliary muscles; (2) kinesthetic sensations from the nerves of the skin, muscles, joints, etc., and (3) information given by the static end-organ and semicircular canals.

The eyes and muscles have other functions and their impairment cause lesser disturbances than affections of the kineto-static labyrinth, whose sole function is the maintenance of balance. Equilibration also depends upon correct impressions, and only a study of the internal ear and its pathways could demonstrate the sensitive recording organ peculiarly adapted for this particular purpose.

The internal ear consists of a cochlear portion for audition and a vestibular portion for equilibration. In this discussion we shall disregard the former. The labyrinth, as its name implies, is a series of intercommunicating spaces situated within the petrous por-

tion of the temporal bone and contains a membranous sac known as the membranous labyrinth. The bony labyrinth consists of a central chamber or vestibule, from which the cochlea extends anteriorly and the three semicircular canals posteriorly. The three semicircular canals are at right angle to each other, so that the posterior canal of one ear is parallel to the superior canal of the other. When the head is tilted thirty degrees forward the horizontal canal is parallel to the floor.

The actual sense organs which are contained within the membranous labyrinth are essentially hair cells adapted to receive stimuli from wave impulses impinging upon the hair cells. The sense organs, then, of the kineto-static labyrinth are five in number, the macula of the saccule, the utricle and the three crista of the three semicircular canals.

When the body is at rest, the otoliths, by their pressure on the macula of the saccule and utricle, give information as to the position of the body, and the three semicircular canals take cognizance of the rotary movements of the body in all conceivable planes.

The underlying principle of the physiology of the labyrinth is that primarily the end-organ is a hair cell stimulated by wave impulses, which impulses are conducted by means of a nerve filament from the hair cells. The hair cells are set in motion by waves of the endolymph. These are caused by body movement or stimulation.

From the above information it is easy to conceive that the internal ear and cranial pathways constitute the apparatus that keeps us from being dizzy. The semicircular canals preside over equilibrium by keeping the cerebrum (the center for dizziness) continually informed of our position in space, and as long as these impressions are accurate and true, no vertigo exists.

In order to have vertigo there must be an involvement of the ear mechanism or a lesion within the ear or along the pathways. Ocular disturbance through eye muscle nuclei or association of fibres from the cuneus to the first temporal convolution may cause vertigo, but the vertiginous symptoms are produced in the ear. Cardio-vascular conditions may just as easily produce vertigo, but only as a symptom. Reflex disturbances or toxemias from other parts of the body may also be added, but the internal ears and their pathways are alone responsible for the vertigo produced, and unless they are involved there can be no vertigo.

Vertigo, then, is a nondisabling disturbance of the end organ, brain, or its pathways. The location of the lesion may be determined by the aid of certain ear tests. These ear tests set in motion the endolymph which send continuous impressions to the brain. If the brain can interpret correctly all the sensations imparted, no vertigo is produced, but an over-amount of stimulation might disturb the vestibular apparatus with a resulting vertigo. The subjective sensation of vertigo, after ear stimulation, is due to the movements of the hair cells in the labyrinthian end-organ. Either turning in a revolving chair, douching the ears with hot or cold water, or galvanic current can produce it. Vertigo comes after turning because the fluid continues to move on and send messages to the brain after the body is stopped. These messages are interpreted as body movement in the direction opposite the endolymph current.

It came about that the first moment the head was turned to the right the fluid lagged behind and relatively moved to the left, while the brain was properly informed by the sight and muscles that the body was going to the right. Yet the endolymph moved to the left and sent its impressions, so the brain learned to interpret these impressions of fluid movement in one direction as body movement in the opposite. It is from these simple facts that we use our vertigo after turning tests, and by testing the time of vertigo after turn-

ing, which corresponds to the endolymph movement, we can measure accurately and assist in diagnosing the condition produced in the internal ear known as vertigo.

PRACTICAL SUGGESTIONS TO HEALTH OFFICERS IN MALA- RIAL CONTROL.

A. C. HAMBLIN, M. D.,
Tampa, Fla.

The eradication of malaria is a twofold problem, viz:

The extermination of the mosquito as a carrier and the sterilization of the blood by treatment.

The first thing confronting the sanitarian when entering a field for this work, is how to proceed, and upon this decision depends largely his success or failure. Three essential things for him to have in stock are *knowledge, diplomacy and industry*, and perhaps diplomacy will be his greatest asset, for this will be useful in every step he takes throughout the entire season.

He must know what to do, when to do, and how he will do it; and until he knows these, he will do well to be as "harmless as a dove."

He must know the district and the people living in it.

He must know the physicians well and in a friendly way be ethical. Tell them why he is among them and what he can do with their help—he needs and must have their friendly cooperation.

He must know his bankers, business men, mill, phosphate and all industrial enterprises and talk to them in economic terms, dollars and cents. Know their payrolls, what the amounts are and what they should be. If short, why. Learn their turnover if too great. If malaria is the cause. If so, explain to them that you can, through their cooperation, adjust that in sixty days. You have then and there won their support.

Another body of influential people you should know. That is the Boy Scouts, for you can use them more and get greater

dividends from them than from any one organization.

It is with these boys I do my first work—cleaning the town or district of all rubbish, from all residences, business houses and industrial plants.

Your advertising is being done through the press, schools, churches and the organizations in the district.

By this time you know your territory thoroughly and have every stream, pond, marsh, swamp, storm sewer—in fact, every place that holds water for a few days after rains—noted on your map by black flags (death holes).

Your nurse or helper, who must, of course, be a woman, is bringing in history cards from the homes and boarding houses with the name, sex and age of each person in the house, making of it a health unit, gathering a history of all sickness and dates during the past year; and where malaria is indicated, note it on your map by a red flag (danger signal).

You at once follow this up and obtain smears for parasites, make your findings as soon as possible and return with your recommendations; being sure that your recommendations are in keeping with the history cards. It is better to hand them the report as "positive, suggestive or incomplete and explain to them that you will need another smear soon." Or begin your quinine treatment now, and be careful to carry your diplomacy along.

Sixty days have perhaps slipped away and your district is clean of tin cans and all kinds of rubbish. Ditching is progressing, water is well oiled, quinine is being taken and people are not chilling so much, and the Boy Scouts are planting bambusæ in all streams, ponds, open wells, cisterns, water barrels and artificial fountains, in fact, everywhere there is water not well stocked, and the people are boosting your work. They see the ponds becoming dry, mosquitoes are not so numerous, and people are better of the chills and fever and you are taking down the black flags from

among the red ones on your map and pointing to your map with some degree of pride, as you watch the red ones fall, until your map has been cleared and there is practically no malaria in the district.

When results are so definite as in Taylor county where I found industrial plants had worked on a 50 per cent output, druggists had invested more than twelve thousand dollars in quinine during the past year; where seven physicians had collected from six to ten thousand dollars each; where my history cards show a malarial index of over 90 per cent of the people in the district having had malaria sometime within the past twelve months; where the people would tell me to wait until August, September and October, when I would really see sick people; where I found in my first one hundred smears twenty-two positives tertian and five estero-autumnal. Then, by the application of these suggestions offered, I saw the index fall month by month until in October 90 per cent of malaria short and in November 100 per cent short, making an average for September, October and November between 85 and 90 per cent short.

If this can be done in a place selected as the worst in Florida, why not in any place?

I believe it can, and am of the opinion that it is criminal for any community in Florida to have their children handicapped by malaria.

I use all the waste oil I can get at oil dealers, garages and industrial plants.

The storm sewers I treat with the washing mixture that contains gasoline, for there are no minnows there.

Around the edges of ponds I spray with a mixture of crude oil and kerosene with knapsack spray pumps.

I mix with sand crude oil as a laborer mixes mortar, and throw that into running streams with a spade and out in the shallow ponds where it is not practical to use the spray. The action of the water is continually liberating particles of that mixture and the oil comes to the surface where the flow or

the wind will spread it for days and sometimes for more than a week.

Medicinally, I prescribe 5 grains quinine at night for sixty days, and have never had cause for regret.

THE LAND OF UNBORN BABIES.

In Maeterlinck's play, "The Blue Bird," you see the exquisite land—all misty blue—where countless babies are waiting their turn to be born. As each one's hour comes, Father Time swings wide the big gate. Out flies the stork with a tiny bundle addressed to Earth.

The baby cries lustily at leaving its nest of soft, fleecy clouds—not knowing what kind of an earthly "nest" it will be dropped into. Every baby cannot be born into a luxurious home—cannot find awaiting it a dainty, hygienic nursery, rivalling in beauty the misty cloud land. But it is every child's rightful heritage to be born into a clean, healthful home where the Blue Bird of Happiness dwells.

As each child is so born—the community, the nation, and the home are richer, for just as the safety of a building depends on its foundation of brick and concrete so does the safety of the race depend on its foundation—the baby. And just as there is no use in repairing a building above, if its foundation be weak, there is no use in hoping to build a strong civilization except through healthy, happy babies.

Thousands of babies die needlessly every year. Thousands of rickety little feet falter along Life's Highway. Thousands of imperfect baby eyes strain to get a clear vision of the wonders that surround them. Thousands of defective ears cannot hear even a mother's lullaby. And thousands of physically unfit men and women occupy back seats in life, are counted failures—all because of the thousands and thousands of babies who have been denied the birthright of a sanitary and protective home.

So that wherever one looks—the need for better homes is apparent. And wherever one listens can be heard the call for such homes from the Land of Unborn Babies.

The call is being heard—by the schools and colleges that are establishing classes in homemaking and motherhood;

By public health nurses and other noble women who are visiting the homes of those who need help and instruction;

By the hospitals that are holding Baby Clinics;

By towns and cities that are holding Baby Weeks and health exhibits;

By magazines and newspapers that are publishing articles on prenatal care;

By the Florida State Board of Health and the United States Public Health Service, by the eradication of venereal diseases, through educational, legal and medical measures, which through heredity, cause mentally deficient children, blindness, deformities and insanity in all its horrors and much sickness, suffering and death, all largely due to ignorance and false modesty on the part of the parents;

By Congress that has passed the Mothers and Babies Act, under which health boards in every State will be called upon to give information to expectant mothers.

All this is merely a beginning. The ground is hardly broken for the Nation's only safe foundation—healthy babies—each of whom must have its rightful heritage—an even chance—a healthy body. —*Laura Jean Reid, R. N., in Florida Health Notes.*

AMERICAN CHILD HEALTH ASSOCIATION.

Under the leadership of Herbert Hoover, chairman of the American Relief Administration, a union of societies known as the American Child Health Association has been formed for the protection and promotion of child health in America. This association will put the full strength of the American Relief Administration behind a merger of two great national organizations at present doing work in America for children. One is the American Child Hygiene Association which for thirteen years has been striving to improve conditions for the mother before and after child-birth, for the infant and for

the pre-school child up to five years of age under the presidency of such men as Dr. Philip Van Ingen, of New York; Dr. Samuel McClintock Hamill, of Philadelphia; Dr. Henry L. K. Shaw, of Albany, N. Y.; Dr. J. H. Mason Knox, Jr., of Baltimore; Dr. S. Josephine Baker, of New York; Mrs. Wm. Bowell Putnam, of Boston, and finally of Mr. Hoover himself. The other is the Child Health Organization of America which, under the presidency of Dr. L. Emmett Holt, aims to have health taught in the schools as a positive, not a negative subject, and to make the teaching such a game as will engage the active interest of every boy and girl in America. Both have already done remarkably successful work which will now be greatly broadened. Earnestly supporting them will be the American Relief Administration, translating into service through the new association the experience in organization and administration gathered in eight years from the time of the Belgian invasion when it functioned under the name of the Commission for Relief in Belgium, through the years of reconstruction in Eastern and Central Europe and down to the present day in Russia.

The American Child Health Association will cover the whole cycle of child life prior to the period when the individual enters the industrial or college world. Such a work can not be effected without the fullest co-operation of the local welfare agencies already functioning. It needs the active assistance of every parent, doctor, nurse, teacher, public health official and social worker in the country. The aim of the new association then is to create what may be described, paradoxically, as a decentralized Child Health Union, by which we mean it wants every agency and every individual as a member of the national body, but not for the purpose of usurping or even directing local activities. On the contrary, its object will be to stimulate, when necessary, and to strengthen in every way possible the work now being done in the local communities. With that object in view,

it will have definite concrete aides to offer active members.

Firstly, the American Child Health Association will act as a clearing-house of information on all national child health activities. It will act, so to speak, as a switch-board through which a newly-born organization can listen in on the experiences of its elders; through which a struggling organization can learn how best to save its time, effort and money by avoiding recognized pitfalls.

Secondly, it will serve as a source of up-to-date, scientific information on child health, prepared by the best-qualified doctors and other professional workers in this and other countries.

Thirdly, it will supply a field service composed of experts who, on request of a community, will help organize a new local health body or help solve the problems of one already existing.

Finally, it will aim to establish standards for child health work on a sound medical basis, to eliminate waste in the practical application of these standards, to co-ordinate the work already being done in such a way as to avoid all duplication of effort. It is quite evident from authenticated statistics that work is not sufficient to meet the present need. America now ranks last of all nations advanced enough to have statistics on maternal mortality. It ranks sixth in infant mortality. Of its twenty-two million school children, thirty per cent are so far under standard weight as to suggest a condition of malnutrition, and three million are in urgent need of medical attention. The American people, therefore, can not afford the loss of energy due to duplication and the consequent confusion which at present results from uncorrelated child health work.

That is the fundamental reason for the amalgamation of the American Child Hygiene Association and the Child Health Organization and for the proffer of administrative help from the American Relief Administration. The merger is being effected, because by such a union of forces the

work done in the past can be extended to meet the present and future need of more workers, more efficient workers and better organization. To succeed, the American Child Health Association must have energetic co-operation from all groups. It needs the assistance of every professional worker—every doctor, nurse, teacher, public health official and social service official. It needs the co-operation of the parents, because on them in the last analysis rests the responsibility for the child's condition. It needs the co-operation of the children themselves, a simple thing to secure when health can be made such an attractive objective as the Child Health Organization has succeeded in doing.

In addition to those already mentioned its directors include Miss Grace Abbott, Chief of the Children's Bureau, U. S. Department of Labor; Dr. F. L. Adair, obstetrician, Minneapolis; George Barr Baker, American Relief Administration; Dr. Hermann M. Biggs, Commissioner Public Health, New York State; Miss Alice Blood, Simmons College, Boston; Miss Lillian Clayton, Director, League of Nursing Education; Dr. Hugh S. Cumming, Surgeon-General, U. S. Public Health Service; Dr. Livingston Farrand, President, Cornell University, former Chairman of the American Red Cross; John H. Finley; Edward Flesh, Comptroller, American Relief Administration; Homer Folks, Secretary, New York State Charities Aid Association; Dr. John A. Foote, Professor in Pediatrics, Georgetown University; Elizabeth Fox, Director Public Health Nursing, American Red Cross; Mary Gardner, Honorary President, National Organization for Public Health Nursing; Dr. Arnold Gesell, Professor of Child Hygiene, Yale University; Dr. Clifford G. Grulee, Department of Pediatrics, Northwestern University, Chicago; Mrs. Franklin K. Lane; Dr. William P. Lucas, Professor of Pediatrics, University of California Medical School; Dr. Helen MacMurchy, Director Child Welfare, Department of Health, Canada; Dr. J. Arthur McBride, President, Montreal Child

Welfare Association; Dr. E. V. McCollum, food expert; Mrs. Wm. B. Meloney; Dr. Prentice Murphy, Executive Secretary, Child Bureau, Philadelphia; Frank Page, American Relief Administration; Angelo Patri; Mrs. Charles S. Pillsbury, Minneapolis; Dr. Frederick Peterson; Dr. W. S. Rankin, State Health Officer, North Carolina; Edgar Rickard, Director-General, American Relief Administration; Dr. Bernard Sachs, neurologist; Dr. R. M. Smith, Professor, Child Hygiene, Harvard University School of Public Health, Boston; Dr. Borden J. Veeder, Department of Pediatrics, Washington University, St. Louis; Dr. Ray L. Wilbur, President, American Medical Association, and President, DeLand Stanford University; Dr. William H. Welch, Director, School Public Health, Johns Hopkins University; Mrs. Ira Cough Wood, Chief Executive, McCormick Fund, Chicago; Dr. William C. Woodward, Executive Secretary Legal Aid Committee, American Medical Association.

HERE AND THERE.

The following sets of resolutions were recently adopted by the Hillsboro County Medical Society:

"WHEREAS, A resolution was presented to the Florida State Medical Association at its last meeting in Havana for its consideration, asking its endorsement of a scheme to memorialize the legislature of the state to pass a bill authorizing and providing for a general hospital to be built and maintained by the state, for the care and treatment of the sick poor of the whole state; said proposed general hospital to be located at a so-called medical center of the state; and

WHEREAS, Since that time propaganda has been sent out through the state press advocating this scheme, but seeking at the same time to confuse the matter in such a way as to lead the public and the profession to believe that the plan is to establish an additional state hospital for the insane, whereas in reality the scheme is to establish a general hospital for the care of all sick poor; and

WHEREAS, The State Medical Association, after due consideration and discussion of the resolution advocating this scheme, voted for the defeat of the resolution by an overwhelming majority; therefore

Be It Resolved, That the Hillsboro County Medical Society endorse the action of the Florida State Medical Association in refusing to endorse this scheme; and

Be It Further Resolved, That it is the sense of this society, that such a scheme is an impractical dream to promote the selfish interests of a few physicians of the state, and that it is undemocratic, would be unfair to the medical profession throughout the state, unfair to the sick, poor and their relatives or friends, entail an enormous expense to the taxpayers of the state, and would be a big stride towards the pernicious system of state medicine prevalent in socialistic countries."

* * *

"WHEREAS, The number of admissions and the population of the Florida State Hospital at Chattahoochee is constantly increasing—at a rate of over a hundred per year—and that there are now 1,900 patients there, and

WHEREAS, There has been very little additional building space provided since the population of this institution was only 1,400, which has resulted in an uncomfortable crowding, both as to cubic air and floor space, and

WHEREAS, This institution is situated in the northwestern corner of the state and at such a tremendous distance from the populous districts of the peninsular portion of the state, that it is a great inconvenience and discomfort for the patients who are sent from Southern Florida, and sometimes such a trial on the patient as to result in his death while en route, and

WHEREAS, It is a tremendous cost to the state of Florida to afford transportation for the patients from the peninsular part of the state and the nurses attending them, and

WHEREAS, The great distance to Chattahoochee makes it almost impossible for the poor people of Southern Florida to visit their

sick relatives there on account of time and expense;

Now, Be It Resolved, That we urgently request the State Senator from this district and the State Representatives from this county to use every effort to have a new institution for the insane created at the coming session of the Florida Legislature and have this institution located at some place in the peninsular portion of the state most available to the masses of people on both the west and east coasts, and

Be It Further Resolved, That we request the other medical societies in the southern part of the state of Florida, the civic and commercial organizations, the women's clubs and other associations interested to assist in the creation of this much-needed institution." * * *

"WHEREAS, Section 2312, Florida Revised General Statutes of 1920, provides as compensation for each examining physician serving by order of court in inquisitions of lunacy for the payment of a fee of two dollars; and

WHEREAS, Such fee was fixed many years ago and has never been increased and is wholly inadequate and any physician serving in such capacity is practically required to donate his services under the present law; and

WHEREAS, A physician is required to perform no more important duty or one imposing greater responsibility; now

Therefore, Be It Resolved, By the Hillsboro County Medical Society, that we feel that this law should be amended so as to provide adequate compensation for such services; and

Be It Further Resolved, That we urgently request the State Senator from this district and the State Representatives from this county to use every effort to have this situation remedied at the coming session of the Florida Legislature; and

Be It Further Resolved, That we request the other medical societies of Florida and also the bar societies of Florida to assist in obtaining this much-needed legislation."

RESERVE CORPS ACTIVITIES.

Brigadier-General George Van Horn Moseley, commanding the Sixth Corps Area, has issued orders detailing the officers and noncommissioned officers now on duty in the Chicago public high schools for duty at Camp Roosevelt, Chicago's summer school camp for boys near La Porte, Indiana, for the summer of 1923.

Charles H. Smith, principal of the camp summer schools, has reelected the same faculty as last year. Major John B. De Armond, O. R. C., will be in charge of the Junior Camp, and he will have assisting him the same young men who were on duty in the Junior Camp last summer.

"The outlook for this summer's camp seems brighter than any other," said Major Beals, the commanding officer, today. "We are as busy as can be registering lads for the camp. The majority of these early registrants are 'repeaters,' who have attended from one to four summers. This speaks in no uncertain terms of the treatment which is accorded boys, and the kind of time they have. I am always happy to greet the old boys when camp opens."

The summer school's division will be of seven weeks' duration, beginning on July 2d and ending on August 18th. The R. O. T. C. and Junior Camp divisions will open one week later, on July 9th, and close on August 18th. They are divided into two periods of three weeks each, and a boy may register for either one or both of these divisions. The summer school session is not subdivided.

The South Carolina Medical Association will hold its Seventy-fifth Anniversary Home-Coming Meeting in the city of Charleston, April 17th, 18th and 19th, 1923. It is desired to get in touch with every South Carolina doctor living outside of the State and every graduate of the Medical College of the State of South Carolina. Communications may be addressed to Dr. E. A. Hines, Secretary of the South Carolina Medical Association, Seneca, S. C.

PROPAGANDA FOR REFORM.

MORE MISBRANDED NOSTRUMS.—The following products have been the subject of prosecution by the federal authorities charged with the enforcement of the Food and Drug Act: Vita Oil (Vita Oil Co.), consisting essentially of nonvolatile vegetable oil, mineral oil and volatile oils, including turpentine, clove and cinnamon oils with extractives of red pepper and pepper. Gold Medal Brand Sexual Pills (S. Pfeiffer Mfg. Co.), containing phosphorus and extract of damiana and nux vomica. Lovett's Pills (Dr. Lovett Medicine Co.), containing iron, sodium and calcium carbonates and sulphate with traces of plant extractives. Savanol (G. P. Steyh), capsules containing a saponifiable oil with traces of savin oil, apiol and aloin. Locock's Cough Elixir (I. L. Lyons and Co.), consisting essentially of extract of plant drugs, including ipecac and squill, small amounts of morphin, and acetic acid, sugar and water. Sex-Co. Restorative Tablets (Clyde, Collins Co.), containing strychnin, extract of damiana, iron and phosphorous compound. Compound Tansy, Pennyroyal and Cotton-root Pills (Allan-Pfeiffer Chemical Co.), consisting essentially of iron sulphate, aloes and oil of pennyroyal. (*Jour. A. M. A.*, March 3, 1923, page 645.)

PAN-SECRETIN COMPOUND.—Harrower's Pan-secretin Compound, according to the advertising circular is "an endocrine combination embodying: (1) a specially prepared extract of Islets of Langerhans (pancreas tail), rich in its incretory glycolytic product; (2) an acid extract of the duodenal mucosa containing the pancreatic activator secretion, and (3) a small dose of desiccated calves' tonsil." This formula emphasizes the fact that some of the commercial houses are carrying us back to the days of the shotgun nostrum. It would seem hardly necessary to say that such a combination as Pansecretin Compound is unscientific, and there appears to be no scientific evidence to warrant the belief that such a combination is of value. Four years ago the Council on Pharmacy and Chemistry published a report on some of

the Harrower "pluriglandular" mixtures and gave reasons why such unscientific combinations were not acceptable for New and Nonofficial Remedies. (*Jour. A. M. A.*, March 10, 1923, page 117.)

PERALGA, A NEW GERMAN SYNTHETIC.—For the past few years American physicians have been relatively free from the propaganda of the foreign synthetic drugs—real or alleged. Recently, however, there have been signs of revival of this type of product. One of the products being endowed with the halo of creative chemistry, is Peralga (Schering and Glatz), known in Europe as Veramon. The product is claimed to have been originated in the pharmacologic laboratory of Professor Starkenstein, University of Prague (who has lent his name to a number of statements valuable to the proprietary interests). Peralga is claimed to be a definite chemical compound, made by heating a mixture of barbital and amidopyrin, and it is claimed that this compound is absorbed without being split up into its component radicles. The A. M. A. Chemical Laboratory investigated Peralga. The examination developed that Peralga is not a definite chemical compound as claimed, but essentially a mixture of barbital and amidopyrin, containing an impurity produced in the fusion of the mixture. To determine if Peralga will produce any effects different from a mechanical mixture of barbital and amidopyrin in the same proportion, a specimen of Peralga and a mixture of barbital and amidopyrin in the same proportions as in Peralga were sent to the Pharmacologic Laboratory of Cornell University Medical College for comparative tests. The summary of the laboratory report was: "We can see no difference in the behavior of cats towards similar doses of the two preparations; the mechanical mixture made in the A. M. A. Chemical Laboratory and the preparation of Schering and Glatz—and they show very little difference between similar doses of barbital and those contained in Peralga. * * * Of course there is no chance of making observations on cats that would show analgesic actions in headache.

But since the observable effects on cats are so nearly identical, it is only fair to presume that the 'synthetic' and the mixture are practically alike in action." (*Jour. A. M. A.*, March 31, 1923, page 942.)

PRESCRIBING CODEIN.—Codein is a derivative of opium and hence prescriptions for it come within the purview of the Harrison Narcotic Act, no matter what the individual physician may believe in respect to its habit-forming properties. (*Jour. A. M. A.*, March 31, 1923, page 945.)

BIOLOGIC REACTIONS OF ARSPHENAMIN.—The complexity of the physical and chemical properties of arsphenamin probably accounts for the complexity of its biologic reactions resulting for the passage through the body. Among the most disturbing of these reactions are the nitritoid or anaphylactoid symptoms occurring after intravenous injection. The earlier studies of the anaphylactoid reactions from arsphenamin cleared up certain features, but left the underlying causes untouched. The investigations of Jean Oliver and his collaborators lead to the conception that arsphenamine can exist in the colloidal state temporarily at least, and that the temporariness of this state is essential to anaphylactoid reactions. The investigators find that arsphenamin has a fairly constant agglutinating titer for blood corpuscles. The presence of electrolyte is essential for agglutination. The work suggests that agglutination by arsphenamin occurs during the transition stage from its colloidal into the crystalloidal state in the circulation, and that stabilization in the colloidal state prevents the agglutination. From their work they conclude that there are two phases to the reactions from arsphenamin: (1) the early or physical phase, which is concerned with the physical properties of the agent and results in the corpuscular agglutination with multiple embolism, the outcome being fatal sometimes, and (2) the later or chemical phase that results in parenchymatous degeneration of viscera (kidney and liver), this being due to the action of the arsenic ions in the usual way. (*Jour. A. M. A.*, March 31, 1923, page 920.)

The Journal of The Florida Medical Association

Owned and published by the Florida Medical Association.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at St. Augustine and Jacksonville. Price \$1.50 per year; 15 cents per single number.

Contributions for publication in this journal, whether scientific papers or reports of County Secretaries, should be typewritten.

Address Journal of the Florida Medical Association, St. Augustine, Florida, or 602-603 Consolidated Building, Jacksonville, Fla.

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FEDERAL DEPARTMENT OF HEALTH EDUCATION AND WELFARE.

In Washington, during the war, the best business executives of the country brought the defects of the national administrative system to a public knowledge that had never before existed. Since that time, trained minds have been concentrating on such a reorganization of the federal departments as would enable them to function both more effectually and, what is quite as important, more economically, so that taxes may be reduced. Suggestions along these lines affect practically every department of the government, but we will only consider those which would make changes in federal administration as it affects the public health and allied problems.

In order to do what should be done by government, it is really a pity that we have to consider what has already been done. Most of the federal efforts along public health and educational lines have been haphazard—the result of some movement or craze, and such things must result in lopsided efforts, putting undue emphasis on first this and then that subordinate movement, instead of calmly surveying the entire field, visualizing its needs, and then fitting the machinery of government to their solution.

At the conference recently held in Washington, the Postmaster General, Dr. Hubert Work, recently president of the American Medical Association, and himself one of the most distinguished and successful practitioners of medicine of the country, made a brief statement that was full of real force. He said it must be recognized that most of the problems affecting both public health and education were matters which could only be solved under the police powers reserved to the states; that the federal functions were relatively small, and that it would not require a large and complicated department to head up these interests in the federal government so that the whole national education and health movement could be coordinated. From Washington there would be control of

maritime quarantine to prevent the introduction into the United States of epidemic diseases from without. The other great problem under federal control is interstate quarantine to prevent the spread of disease from state to state along the lines of travel, which are now so important. Besides these, the federal government should, in its laboratories, conduct and encourage investigation in all those things which affect public and private health, especially in the larger problems that are now the causes of ill health in large sections of the country, or amongst considerable proportions of the population. They should have a few expert mobile units that may be called into consultation by affected states. Through conferences of state and local officials having a common problem they could help to focus attention with a view to its solution. Upon the invitation of states they could conduct demonstrations of methods for the prevention of disease, especially emphasizing that it was not the function of the federal government to interfere with the treatment of diseases which already exist, that it had nothing to do with the regulation of the practice of the healing art in any of its branches, and never should have.

General Sawyer, the personal representative of the President, stated that it was the present purpose of the committee on reorganization of the federal departments, to recommend to the Congress the establishment of a Department of Education, Health and Welfare, with a secretary in the cabinet, and an assistant secretary which would consist of four bureaus—education, health, welfare, and the Veterans' Bureau. The problems presented by these four bureaus are naturally inseparable, and the heads of such departments would be a national board of strategy which would help do the things the country needs. It is proposed to transfer to the new department all the existing activities of the federal government along these several lines just as they are, taking over their personnel and functions, headed up by their technical

staffs and chiefs, merely taking them from their present environments, which are frequently and entirely inimicable to their successful operation, and putting them where they can work sympathetically together. It is interesting that this same thing has been done by all the great governments in the world, and it is felt that the United States has lagged along behind the other States in recognizing the importance of its greatest asset—its human beings.

It is inconceivable that there can be any great objection to this program except upon the part of those who are the enemies of progress in government. It is not the purpose of the new department to enlarge the federal functions, nor to interfere with the full and free exercise of the police powers of the states in these respects. It is not the desire to build up a great federal organization, but rather to simplify and concentrate federal bureaus with a view to getting rid of the chaos and duplication that now exist in Washington. The proposed reorganization would decrease the expenses and increase the efficiency of every bureau involved.

It is especially recognized that the United States Public Health Service should be transferred to the new department as it exists, carrying with it its honorable traditions.

At the invitation of General Sawyer, representatives of the medical and health professions from all sections of the country gathered together in Washington in January and it was interesting to see how unanimously and how gratefully they all received this great practical plan for progress in the efficiency of our federal government. It was realized by all those present that the records of the draft had shown that a great percentage of our young manhood and womanhood were growing up into adult life untaught as to the most important problems that would confront them as citizens, unprotected from the most serious defects that could impair their usefulness, and it was the unanimous desire of those present, as we all felt it would be practically the unanimous desire of the whole citizenship of the country, that this

movement be carried through to successful conclusion.

To this end, we invite our readers to bring these matters to the attention of the various State Medical organizations of which they are members, and especially to the public press, which in this country so largely molds public opinion, with a view to bringing the attention of the members of the Senate and House of Representatives of the United States to the feeling on the part of the public that this great and entirely nonpartisan movement, which has the approval of the present administration as it has had of the last three, should be put upon the statute books at the earliest possible moment.

NEW AND NONOFFICIAL REMEDIES.

MERCUROSAL. — Disodiumhydroxymercurisalicyloxyacetate. — Mercurosal contains from 43.0 to 43.8 per cent of mercury in organic combination. It is claimed that mercurosal is relatively free from irritant action, that it is eliminated without untoward effects on the kidney, and that the toxicity is relatively lower than mercuric chloride or mercuric salicylate. Mercurosal is intended for the mercurial treatment of syphilis. It is administered either intramuscularly or intravenously. Mercurosal is marketed in two forms: Mercurosal Intravenous, tubes containing mercurosal 0.1 gm., and Mercurosal Intramuscular, tubes containing mercurosal 0.05 gm. Parke, Davis and Co., Detroit, Mich. (*Jour. A. M. A.*, March 24, 1923, page 844.)

PNEUMOCOCCUS ANTIBODY SOLUTION, TYPES 1, 11 AND 111 COMBINED. — An aqueous solution of the specific pneumococcus antibodies, Types 1, 11 and 111 in equal proportions, approximately free from the proteins of horse serum. There is some evidence that this antibody solution is of value in the treatment of lobar pneumonia.

PNEUMOCOCCUS ANTIBODY SOLUTION, TYPES 1, 11 AND 111 COMBINED. — N. N. R. Marketed in packages of one 50 cc. double-ended vials with a complete intravenous out-

fit, and in packages of one 50 cc. double-ended vials. H. K. Mulford Co., Philadelphia. (*Jour. A. M. A.*, March 24, 1923, page 844.)

SULPHARSPHENAMINE. — The salt, disodiumdiaminodihydroxyarsenobenzenedimethylenesulphonate, adjusted by the addition of inorganic salt to an arsenic content of from 18 to 20 per cent. The arsenic content of 3 parts of sulpharsphenamine is approximately equal to 2 parts of arsphenamine. The actions and uses of sulpharsphenamine are the same as those of neoarsphenamine, over which it is claimed to have the advantage of greater stability of solution in the presence of air and of permitting subcutaneous injection. For subcutaneous or intramuscular use the drug is dissolved in sterile, freshly distilled water in the proportion of about 0.1 gm. to 0.3 cc.; for intravenous use a greater dilution is desirable. (*Jour. A. M. A.*, March 31, 1923, page 919.)

SULPHARSPHENAMINE-ABBOTT. — A brand of sulpharsphenamine — N. N. R. It is marketed in ampules containing respectively, 0.2 gm., 0.3 gm., 0.4 gm., and 0.6 gm. The Abbott Laboratories, Chicago. (*Jour. A. M. A.*, March 31, 1923, page 919.)

ANNOUNCEMENT.

The Seventh Annual Clinical Session of the American Congress on Internal Medicine will be held in the amphitheatres, wards and laboratories of the various institutions concerned with medical teaching, at Philadelphia, Pa., beginning Monday, April 2, 1923.

Practitioners and laboratory workers interested in the progress of scientific, clinical and research medicine are invited to take advantage of the opportunities afforded by this session.

Address inquiries to the Secretary-General.

SYDNEY R. MILLER, *President*,
Baltimore, Md.

FRANK SMITHIES, *Secretary-General*,
1002 N. Dearborn Street,
Chicago, Ill.

WHY NOT COME TO THE AMERICAN MEDICAL ASSOCIATION CONVENTION AT SAN FRANCISCO BY WATER.

The thought is advanced for those fellows of the American Medical Association in the eastern part of the United States that one very pleasant and attractive way to attend the convention in San Francisco, June 25th to 29th, is to come by boat from any eastern United States port through the Panama Canal to San Francisco, or come as far as San Diego by boat and make the rest of the trip by train or motor through the beautiful valleys of California.

Details of trips of this kind will be furnished, of course, by any steamship office anywhere, and for those who have the time to spare certainly no more delightful trip could be planned.

It will be easy enough for those who desire to secure their transportation one way by water and the other by rail. A wide latitude in routes crossing the continent will be outlined by any railroad ticket office.

Persons interested in methods of transportation or in any other question whatever character regarding the convention are invited to write to W. E. Musgrave, Chairman of the California Committee of Arrangements, 806-809 Balboa Building, San Francisco.

PUBLISHER'S NOTES

REPUTATION.

The following splendid interpretation of the responsibilities of reputation, written by Mr. McCauley, the President of a well-known automobile firm, may well be applied definitely to the medical profession. This is presented to the physicians of America by the Dermatological Research Laboratories, as the sentiment which inspired its founders to manufacture the best possible products, and which stimulates its present directors to the constant improvement of D. R. L. Arsphenamine and Neoarsphenamine:

"The man who builds and the man who buys are both beneficiaries of a good reputation. To the one it is a continuous spur and an incentive—to the other the strongest of all guarantees that what he buys is worthy. We sometimes speak of winning a reputation as though that were the final goal. The truth is contrary to this. Reputation is a reward, to be sure, but it is really the beginning, not the end of endeavor. It should not be the signal for a let-down, but rather a reminder that the standards which won recognition can never again be lowered. From him who gives much—much is forever after expected. Reputation is never completely earned—it is always being earned. It is reward—but in a much more profound sense it is a continuing responsibility. That which is mediocre may deteriorate and no great harm be done. That which has been accorded a good reputation is forever forbidden to drop below its own best. It must ceaselessly strive for higher standards. If your name means much to your public—you are doubly bound to keep faith. You have formed a habit of high aspiration which you cannot abandon—and out of that habit created a reputation which you dare not disown without drawing down disaster. There is an iron tyranny which compels men who do good work to go on doing good work. The name of that beneficent tyranny is reputation. There is an inflexible law which binds men who build well, to go on

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building well. The name of that benevolent law is reputation. There is an insurance which infallibly protects those whose reason for buying is that they believe in a thing and in its maker. The name of that kindly insurance is reputation. Choose without fear that which the generality of men join you in approving. There is no higher incentive in human endeavor than the reward of reputation—and no greater responsibility than the responsibility which reputation compels all of us to assume. Out of that reward and out of that responsibility come the very best of which the heart and mind and soul of man are capable."

A revised copy of "Treatment of Syphilis" will be sent without cost to any physician addressing The Dermatological Research Laboratories, Philadelphia, or The Abbott Laboratories, Chicago.

DIABETES — CAROID.

"To the Editor:—Kindly answer the following questions: 1. What do you think of the serum prepared by physicians of the University of Toronto? According to the lay press, 'it will do for diabetes what antitoxin has done for diphtheria.' (I am referring to Mr. Brisbane's recent editorial.) 2. What is caroid? I should like to know something about its composition, actions, and uses, if any. This product is manufactured by the American Ferment Company, Buffalo.

"AARON DUBNOVE, M. D., Detroit."

ANSWER.—1. See editorial, "A Pancreatic Hormone in Diabetes," *The Journal*, Oct. 21, 1922, p. 1428. The preparation is undergoing thorough trial by expert investigators in properly controlled hospitals and is not available for general use. While promising, it must be considered as in the experimental stage.

2. Caroid is a preparation of papain (obtained from papaya). Caroid was first marketed by the American Ferment Company, and later by Mead Johnson & Company. The Council on Pharmacy and Chem-

istry had Caroid under consideration for a considerable time and in the end rejected the product on account of its variability. Examination showed that the claims for its digestive efficiency were exaggerated. Though Caroid was found more active than other preparations of papain on the market, and though its curdling effect on milk indicated some advantages, the Council refused recognition of Caroid because the manufacturer admitted that, because of the indefinite source of supply of papaya, he could not produce a reliable and uniform product. Since the publication of the Council's report in 1914, Mead Johnson and Company does not seem to have made any propaganda for Caroid. It is now being promoted by the American Ferment Company, but this firm has not requested a reconsideration of the product by the Council.

NAVY ADOPTS NEOARSPHEN-AMINE.

The following letter of Rear Admiral E. R. Stitt, Medical Corps, United States Navy, was approved on August 17, 1922, by the Bureau of Medicine and Surgery, in charge of Rear Admiral W. C. Braisted, Washington, D. C., and published for the information of the medical officers of the United States Naval Service, in the U. S. Naval Medical Bulletin, October, 1922:

"July 7, 1920.

"To the Bureau of Medicine and Surgery:

"Subject: Recommendation that neorsphenamine be substituted for arsphenamine in connection with use on board ships and at certain stations of the Navy.

"1. I would recommend that the use of arsphenamine be discontinued on board ships and of the Navy and in its place to substitute neorsphenamine. This same recommendation would apply to stations and smaller hospitals.

"2. In the larger hospitals where facilities for the administration of arsphenamine are satisfactory, the choice between arsphenamine and neorsphenamine should be left to the discretion of the commanding officer.

"3. This recommendation is made for the following reasons:

"(a) In discussing fully this matter with the director of the hygienic laboratory, he is of the opinion that most of the accidents attending the use of arsphenamine have been connected with errors in technic. In view of the simplicity of technic when using neoarsphenamine many untoward results would be eliminated.

"(b) In the clinic of the Brady Institute, neoarsphenamine is used exclusively and Doctor Young and his associates are unable to note any lessened therapeutic efficiency with this drug than when arsphenamine is used."

IMPORTANT ANNOUNCEMENT.

The medical profession everywhere will be interested in the announcement that the Abbott Laboratories of Chicago have purchased the Dermatological Research Laboratories of Philadelphia. This is an advance step for the Abbott Laboratories and will give them deserved recognition among the leading manufacturers of medicinal products.

It will be remembered the Dermatological Research Laboratories were the first in the United States to produce Arsphenamine during the war when there was such a scarcity of this article; and these laboratories became well known to the medical profession for their patriotic attitude in developing and manufacturing medicinal preparations in this country. By this purchase of the "DRI" products, the Abbott Laboratories inherited their prestige.

The Abbott Laboratories acquired control of the Dermatological Research Laboratories on November 1st; and are continuing to operate them in Philadelphia under the direction of Dr. Geo. W. Raiziss, head of the department of chemistry, and his corps of specially trained assistants. Orders for "DRI" products will be promptly filled from the Philadelphia Laboratories or from their

branches or distributors. For further particulars regarding their purchase of the Dermatological Research Laboratories, the readers of this JOURNAL are referred to the statement of the Abbott Laboratories on another page of this issue, entitled "Important Announcement to the Medical Profession."

PITUITARY STANDARDIZATION.

Why standardize gland extracts when only the glands of healthy animals are used, and when, moreover, a definite routine is employed in the manufacture of the extracts so that only certain soluble substances are present in the finished product? Are not the normal glands altogether normal? Do they not yield a definite percentage of active principle?

The answer is that all animal glands are apt to vary in their content of active principle, since all are miniature laboratories engaged in meeting only the demands of the organism at the time.

Pituitary extract, called Pituitrin by the discoverers, Parke, Davis & Co., is assayed by two methods, one of which indicates its pressor (arterial tonic) power, the other its effect upon uterine tissue (its oxytocic activity). Being used principally in obstetric practice, the oxytocic test is considered very important, although oxytocic activity could be very reasonably inferred from a demonstration of the action of the extract on the unstriated muscle of the arteries.

Accuracy is absolutely essential in a drug so powerful and of such crucial importance as Pituitrin, and for this reason both tests are applied.

"ENDOCRINE AND OTHER ORGANOTHERAPEUTIC PREPARATIONS" is the title of a booklet just issued by Armour and Company. This pamphlet contains articles upon the products that the title covers. A copy of it will be mailed to any physician or pharmacist who asks for it.

VACCINE THERAPY.

Patients vary in their response to the antigenic stimulation supplied by bacterial vaccines; due allowance must be made for such variation when employing bacterial vaccines.

But the leading laboratories are exerting themselves to reduce the variations in the quality of bacterial vaccines to a minimum. At one time this seemed to be an easy matter, but with the application of more rigid tests it was found that bacteria could not be tagged by name; one culture might be actively antigenic, and another almost inert—

both of the same organism, but from different strains.

The bacteriologist has found a more trustworthy method of standardizing vaccines than by count—though counting has not been discarded. He can now tell whether a vaccine is really antigenic or not—whether antibodies are developed in the blood in response to the injection of the vaccine.

New literature on some of the vaccines in most common use is offered by Parke, Davis & Co., whose announcement appears elsewhere in this issue.

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PUBLISHED MONTHLY

Volume IX

St. Augustine and Jacksonville, Florida, April, 1923

Number 10

PRELIMINARY PROGRAM *of the* FIFTIETH ANNUAL MEETING* *of* THE FLORIDA MEDICAL ASSOCIATION TO BE HELD AT JACKSONVILLE, FLORIDA

MAY 15th and 16th, 1923

Hotel Headquarters: The Seminole Hotel
Corner Hogan and Forsyth Streets

MAY 15, 1923, 9 A. M.

Call to order by Frederick K. Bowen, M. D., Chairman, Executive Committee.

Opening Prayer, Rev. Melville E. Johnson, D. D.

Announcements of Committee on Arrangements, Robert B. McIver, M. D., Chairman.

President's Address, L. M. Anderson, M. D., President.

Reports of Officers.

SCIENTIFIC ASSEMBLY—10.30 A. M.

John S. Helms, M. D., F. A. C. S., Chairman.

Safeguarding Prostatectomy, John C. Vinson, M. D.
Medical and Surgical Attention Directed Toward
Duodenal and Gastric Ulcer, P. C. Perry, M. D.,
and H. L. Brillhart, M. D.

Radium and Radium Therapy, J. C. Marshall, M. D.
Ectopic Beats, Their Significance and Treatment, E. W. Bitzer, M. D.

The Diarrhœa of Infancy, F. Clifton Moor, M. D.

Non-Surgical Drainage of the Gall-bladder; A Preliminary Report of the Use of the Duodenal Tube as a Diagnostic and Therapeutic Agent in Chronic Gall-bladder Disease, Ernest B. Milam, M. D.

Dermatitis Venenata, J. L. Kirby-Smith, M. D.

Foreign Bodies in the Rectum and Colon, T. R. Griffin, M. D.

Adjournment for Lunch.

SCIENTIFIC ASSEMBLY—2 P. M.

John S. Helms, M. D., F. A. C. S., Chairman.

Symposium on Surgery.

The Surgical Treatment of Certain Types of Dyspepsia, Stuart McGuire, M. D., F. A. C. S.

Endarteritis Obliterans, Etiology, Symptomatology, Surgical Treatment, Frederick Waas, M. D., F. A. C. S.

Congenital Clubfeet, J. Knox, M. D.

Report of 350 Appendicitis Cases from Riverside Hospital, Edward Jelks, M. D.

Treatment of Intestinal Obstruction, E. H. Teeter, M. D., F. A. C. S.

Cancer Control, J. E. Rush, M. D., Field Director
American Society for the Control of Cancer.

Symposium on Gynecology

Endometritis, W. M. Rowlett, M. D.

The Immediate Effect of Radium Treatment Upon the Symptoms of Uterine Cancer, Gerry R. Holden, M. D., F. A. C. S.

The Value of Prompt Microscopic Examination of Uterine Scrapings, J. H. Hartman, M. D.

The Mechanics of Pelvic Repair, T. S. Field, M. D.
Adjournment.

Meeting of the House of Delegates, 5 P. M.

*All meetings of the Association, those of the Scientific Assembly and of the House of Delegates will be held in the auditorium of the Seminole Hotel.

MAY 16, 1923, 9 A. M.

SCIENTIFIC ASSEMBLY.

John S. Helms, M. D., F. A. C. S., Chairman.

Symposium on Eye, Ear, Nose and Throat.

A Study of the Mechanical and Chemical Properties of the Sandspur from the Standpoint of the Endoscopist and Some Observations on Its Clinical Manifestations in the Larynx, H. Marshall Taylor, M. D.

Glaucoma Simplex, W. Herbert Adams, M. D.

Some Eye Complications Observed in Dengue Fever, Shaler Richardson, M. D.

Meckle's Ganglion and Glaucoma, Hiram Byrd, M. D.

Vincent's Angina, T. A. Neal, M. D.

The Chronic Nasal Catarrhs, Their Cause and Cure, A. H. Freeman, M. D.

The Treatment of the Psychoneuroses, Louis E. Bisch, M. D.

Heredo Familial Cerebellar Syndrome, H. Mason Smith, M. D.

Some Remarks on Epidemic Encephalitis, Ralph N. Greene, M. D.

Cardio-Vascular Troubles With Some Suggestions as to Treatment and Prevention, W. L. Hughlett, M. D.

Adjournment.

General Meeting of the Association, 12 noon.

The President in the Chair.

Annual Election of Officers.

Adjournment for Lunch.

SCIENTIFIC ASSEMBLY, 2 P. M.

John S. Helms, M. D., F. A. C. S., Chairman.

Insulin in the Treatment of Diabetes Mellitus, James E. Paullin, M. D., Atlanta, Ga.

Some Special Diagnostic Studies, T. Z. Cason, M. D. Carbon-Tetrachloride in the Treatment of Hookworm Disease, James D. Love, M. D.

Obscure Abdominal Symptoms, Julian Gammon, M. D. Superstitions of Medicine, Roscoe H. Carleton, M. D. Yellow Fever Campaign in Peru, Henry Hanson, M. D. Obstetrical Anesthesia, Why and How, C. D. Rollins, M. D.

Research on Tobacco, J. T. Denton, M. D.

Diphtheria Control, B. L. Arns, M. D.

Tuberculosis of Mesenteric Glands, James L. Parramore, M. D.

Fear: Does the Modern Physician Allow and Encourage the Light of Science in Its Entirety or Only in Part to Influence His Attitude Towards and His Understanding of Same, Robert A. Hicks, M. D.

Information Desk will be located in the lobby of the Seminole Hotel with continuous service throughout the meeting. All members will be required to register and secure membership badge before attending any of the sessions.

ENTERTAINMENTS.

Golf Tournament. The committee has arranged for a handicap golf tournament, and offers a cup presented by Greenleaf and Crosby for the low medal score. All entries should be made through Doctor C. R. Wilcox, 712 Laura street, Jacksonville. *Be sure to indicate your club handicap and the par of your home club course.*

Boat rides. A boat ride on the famous St. Johns river over the harbor and steaming by the Residential River section will take place on Tuesday and Wednesday afternoons, immediately following the adjournment of the Scientific Assembly. All visiting ladies are invited on these trips.

Informal smoker. This means *informal*. The place of meeting is being kept in profound secret by the committee in charge. No glad rags will be tolerated. Any attempts at speechifying or toast-making will be discountenanced. The time is set for Tuesday evening, May 15th, 8 o'clock.

Theatre Party. The visiting ladies will be entertained at the Palace Theatre Tuesday evening at 8 o'clock.

Beach and Dinner Party. The visiting ladies will be entertained with a trip to Atlantic Beach Wednesday afternoon, May 16th. Automobiles will leave the Seminole Hotel at 2 p. m. A forty-mile ride on hard-surfaced roads, followed by surf bathing and a dinner at the Donax tea room insures a good time for everybody.

LOCAL COMMITTEE ON ARRANGEMENTS.

Robert B. McIver, Chairman; E. T. Sellers, Louie Limbaugh, J. B. Black, Edward Jelks, W. M. Shaw, Julian Gammon, Fred Oetjen, W. R. Schnauss, W. G. Harris, Harold Van Schaick, Ben Manhoff.

LADIES' COMMITTEE.

Mrs. James V. Freeman, Chairman; Mrs. H. Marshall Taylor, Mrs. Graham E. Henson, Mrs. John K. Norwood, Mrs. J. L. Kirby-Smith, Mrs. Elmo D. French, Mrs. John E. Boyd.

All wives of the members of the Duval County Medical Society are appointed on the Ladies' General Committee and will be called upon for certain aid at the discretion of the Chairman.

HOTEL RATES.

Seminole Hotel, single, with bath, \$3.00; without bath, \$2.00. Double, with bath, \$5.00 and up.

Mason Hotel, single, with bath, \$3.50. Double, with bath, \$6.00.

Windsor Hotel, single, with bath, \$3.00; without bath, \$2.00. Double, with bath, \$5.00 and up.

Burbridge Hotel, single, with bath, \$3.00. Double, with bath, \$5.00.

PROGRAM
of the
 FOURTH ANNUAL MEETING
of
 THE FLORIDA RAILWAY SURGEONS' ASSOCIATION
 TO BE HELD AT JACKSONVILLE, FLORIDA

MAY 14TH, 1923

OFFICERS OF ASSOCIATION

President—Dr. L. S. Oppenheimer.
 Vice-President—Dr. H. M. Taylor.
 Secretary—Dr. E. W. Warren.
 Committee on Scientific Work—Dr. H. C. Dozier,
 Dr. J. E. Boyd, Dr. J. H. Pierpont.

PROGRAMME

Address of Welcome—Dr. J. H. Pittman, Jacksonville, Fla.
 Response to Address of Welcome—Dr. L. S. Oppenheimer, Tampa, Fla.
 Presentation of Honor Guests—Dr. Joseph M. Burke,
 Chief Surgeon, S. A. L. Ry.; Dr. Robt. B. Slocum,
 Supt. and Med. Director, A. C. L. Ry.

SCIENTIFIC PAPERS.

1. "The Neuro-Psychiatric Aspects of the Work of the Railway Surgeon"—Dr. Ralph Green, Jacksonville, Fla.
2. "The Relation of a Local Surgeon to the Railway Company"—Dr. T. M. Rivers, Kissimmee, Fla.

3. "The Use and Abuse of a First Aid Case"—Dr. W. Ossenback, Orlando, Fla.
4. "A Useful Leg Splint"—Dr. J. H. Pierpont, Pensacola, Fla.
5. "The Treatment of Burns and Other Eye Injuries"—Dr. W. S. Manning, Jacksonville, Fla.
6. "Major Eye Injuries"—Dr. W. Herbert Adams, Jacksonville, Fla.
7. "Detailed Report of a Case of Lockjaw With Recovery"—Dr. J. S. Turbeville, Century, Fla.
8. "Report of a Case—Treatment of Fractures of the Lower One-third of Femur"—Dr. John S. McEwan, Orlando, Fla.
9. "Report of a Case of Myelogenous Leukemia"—Dr. Mary Freeman, Perrine, Fla.
10. "Fistulo in Ano, Its Etiology and Treatment"—Dr. Jack Halton, Sarasota, Fla.

NOTE:—

Headquarters, Seminole Hotel.
 Time of Meeting, 10:30 A. M.

ORIGINAL ARTICLES

VAGINISMUS.

G. H. EDWARDS, M. D.,
Orlando, Fla.

One of the more rare disturbances with which a gynecologist comes in contact is a condition called Vaginismus. In reality it is not a disease per se; it is simply a symptom of hypersensitiveness in some part of the genital tract. Like many other disturbances of the genitalia, it leads most of the sufferers into neurasthenia, and some even it conducts into melancholia, pointing the way to insanity.

Vaginismus is a painful spasmodic contraction of the sphincter vaginae often involving the levator ani and sometimes also the adductor muscles of the thigh. The spasm follows irritation of the hypersensitive vaginal entrance; in some cases touching the mucosa alone will start a spasm, especially in the presence of inflammation, but in the majority of cases marked pain is present only when an attempt is made to stretch the portal.

Nearly every pathological condition of the female genital organs has been given the credit as being the cause in a certain case; and this may be so, as the fear of pain which the individual knows will ensue if intercourse is attempted might well cause a spasm. However, we have many direct local causes as inflammation, whether gonorrheal or from decomposing vaginal and uterine secretions; also erosions, ulcers, fissures, urethral caruncles and chronic inflammation of the vulvo-vaginal glands and ducts have been demonstrated, but I believe that more commonly in the chronic cases you will find the irritation lies in a rigid hymenal ring, or in the scar tissue following the lacerations of the hymen or of the perineum, for this condition is found in multipara as well as nullipara. This condition, that is hypersensitiveness and spasm, might be said to be of little moment save that it prevents sexual relations and the inability to lead a normal sexual life,

in conjunction with the pain experienced, preys upon the individual until she is in despair. In some instances the suffering has been so great and so prolonged that at the approach of the male, even before contact, a spasm is produced. The latter, when of long duration, leaves the muscles sore and this hypersensitiveness makes the condition usually one of gradual progression towards chronic irritability both locally and mentally.

The severity of the symptom varies with the causes producing it and also with the mental state of the afflicted one—the more high-strung the individual the more severe the irritation and depression.

This condition is supposed to be more common among the newly-wed, but if so, I judge from my practice that it rarely comes to the practitioner for treatment. Of the type produced by irritating secretions I have seen a few cases, but they have all been cured by cleanliness. I have had one case due to a urethral caruncle. Operation, however, was refused. I am more especially interested in the type illustrated by the following cases; the type which gives positive and complete relief following a simple operative procedure:

CASE 1. Mrs. B., age 33, two children, the last time delivered by myself of a 9½-pound boy, during which she sustained a second degree laceration. She came to me eighteen months later with the usual history: dread of sexual relations dating from the first attempt following the second childbirth, previously never had had any trouble. With each attempt the spasm became longer and more painful until the thigh muscles were also uncontrollable. Examination revealed an exquisitely tender nodule at the mucocutaneous margin in the scar tissue following my repair of her laceration; stretching also of the portal gave great pain. Under local anæsthesia I excised a broad wedge-shaped piece including the sensitive nodule and partially closed the defect transversely by one silkworm gut suture. Two months later the trouble had entirely disappeared.

CASE 2. Mrs. N., married for twenty years, no children, and remarried after widowhood of three years. Because of pain intercourse was impossible. Relationship in her first marital state was passive, but with little pain. In this instance it did not disturb the patient but did the husband. Examination revealed only a slightly sensitive portal to touch, but stretching gave great pain. Operation consisted of splitting the perineum one-half inch towards the anus and then stretching this enlarged opening and closing the defect by uniting mucous and skin transversely by three silkworm gut sutures. Three months later intercourse was satisfactorily accomplished.

CASE 3. Mrs. P., married twenty-five years. Two pregnancies, the first terminating by a miscarriage, second by forceps delivery with a dead child and bad laceration, which was repaired at once. Since that time relationship has been increasingly disturbing and the past three years each attempt caused a prolonged spasm that prostrated the patient for several days. The patient said either Chattahoochee or death would be a welcome relief. She had been told that a hysterectomy for a fibroid and a retroverted uterus would give relief. This was done and at same time the vaginal entrance was stretched and a large tampon inserted, but without any lessening of the pain or spasm. Examination revealed only a slightly sensitive portal, but on stretching intense pain was experienced. At operation perineum was treated as in the previous case, only the defect was closed by five interrupted No. 2 chromic sutures, which I may state gave way in five days, leaving a large granulated area. This, however, healed and a complete cure resulted.

CASE 4. Mrs. M., age 33, married seven years. Intromission has never taken place. On examination one finger can be inserted without pain, but any attempt to stretch the hymenal ring produces a violent spasm. The patient has persistently refused operation. I have given her opiates and cocaine ointment to be used in conjunction with a set of graduated bougies, but even so she states these

are impossible of insertion. She also has been to many of my colleagues without relief, although I thought at one time that a slough following an application of a strong carbolic ointment might effect a cure. I am confident that an operation would give positive relief.

The treatment of this condition, of course, consists in removing the source of irritation; douches and local applications for inflammations, erosions and fissures; removal of caruncles and inflamed vulvo-vaginal glands when present, but for the type of trouble illustrated by my cases there is but one successful way; that is the operation of incising the perineum, stretching the portal and uniting the mucosa to the skin by interrupted silk or silkworm gut sutures. No dilating plug need be left in. If the perineal incision is deep enough and the portal well stretched no sutures are necessary, but the recovery is delayed, and if that method is used I believe it would be better to insert a distending vaginal plug.

THE ENDOCRINES.

W. C. Box, M. D.,
Graceville, Fla.

I am presenting this subject to the society, not so much for its edification as to stimulate interest and study in a branch of medicine that is given too little consideration by the medical profession. It is but in recent years that anything more than passing interest has been displayed by the authorities and research men in the endocrine glands. When I was in college, fifteen years ago, I do not remember hearing a lecture on the subject. It is realized now that the part played by these glands in the vital processes is so important that life, itself, is dependent on their coordinate functions. I believe that the recognition of this fact is the greatest step forward in medical science since the discovery of the circulation of the blood.

The proper functioning of the various endocrines being necessary to the health and well-being of the individual, it follows that an imperfect action of one or more of these glands has a definite relation to various

dyscrasias that afflict the organism. Many imperfectly understood and obscure diseases that have been, and are, treated empirically and symptomatically have their origin in some imbalance of these secretions.

I will take up and discuss, first, the thyroid gland. It has been called the great activator, because the perfect working of the other glands depends on its normal action. We are all familiar with the typical case of Graves' disease with its classical symptoms, as also are we familiar with the opposite condition, cretinism. I take it that there are none who would fail to recognize either of these conditions, but between the two there are numerous gradations of hyper- and hypo-secretory disturbances of this gland that are not so easily recognized, but which we should always keep in mind if we would make a correct diagnosis. This gland presides over the metabolic processes of the body and secretes a detoxicating substance. In many obscure cases, the trouble can be traced to it by taking the basal metabolic rate—a diagnostic method but recently perfected. This method of diagnosis, however, is denied us who are remote from a clinical laboratory and whose clientele are, in the main, unable, financially, to make the journey to one. But there are certain clinical manifestations that we should be able to recognize as indicating a dysfunction of this gland.

The fourteen-pound baby that we sometimes see, instead of being a source of pride to its parents and the doctor, should be viewed by the physician as an abnormality, in that it indicates a hypothyroid activity of its mother's gland and consequently a deficiency of this hormone in the child. We have all noted the tendency of these children to manifest nocturnal wakefulness which is relieved by properly graded doses of thyroid extract. A child that weighs more than ten pounds at birth should be looked on as a suspicious case of hypothyroidism. The navel of these children is slow to heal and Engelbach reports a case of a cretin fourteen years old with an unhealed navel that yielded promptly to thyroid medication.

Another significant occurrence in the lives of these children is the late eruption of the teeth. A child that has not cut its first teeth at six months should be suspected of having a degree of insufficiency of the thyroid. Late walking and talking also indicate a lack of this hormone. A child that does not speak a few monosyllables and take a few steps at thirteen or fourteen months should be subjected to thyroid treatment. These children develop the secondary sex characteristics early. Girls begin to menstruate at ten or eleven years of age, painlessly and copiously. They do this with remarkable regularity until about the fourteenth year when the flow becomes scant and irregular, often missing several months. Their health gradually declines unless proper medication is given, in which case there is no more gratifying response to the doctor's effort. When hypothyroidism develops late in the life of the female we find a late menopause, the thyroid hormone seeming to exert an inhibitory influence on the ovarian activity. We have all seen the fat, mentally inert woman, menstruating long after she should have passed the climacteric. On the other hand, the young girl who suffers hyperthyroidism begins to menstruate late, and suffers with irregularity and dysmenorrhœa; and the adult female, with an over-active thyroid, passes the menopause at an early age, sometimes doing so before they have attained the age of forty.

The pituitary gland, situated at the base of the brain, is about the size of an olive, and is divided into three parts—the anterior lobe, the pars intermedia and the posterior lobe. Each of the lobes secretes a hormone that has a very important role in the development of the body. In fact the hypophysis is so necessary to life that in case the gland is completely removed, as has been done experimentally on dogs, the animals seldom live more than twenty-four hours. The anterior lobe presides over the development of the skeletal, cuticular, and subcuticular tissues, the secondary sex characteristics and obesity. The posterior lobe presides over carbohydrate metabolism, and muscle tone,

especially of the intestines, the bladder and the uterus. In a young person that has a deficient secretion of the anterior lobe, the skeleton remains undersize and the secondary sex characteristics rudimentary. They are in a state of sexual infantilism. If the deficiency develops in adult life, the subject becomes obese and the sex characteristics degenerate. A hypersecretion in early life results in over-development of the skeleton and giantism. If the hypersecretion is developed in adult life, we have the disease known as acromegaly. A hypersecretion of the posterior lobe shows itself in excessive carbohydrate metabolism so that no fat is stored and the result is a thin person, who puts on fat with great difficulty.

It also seems to stimulate the mammary glands to activity, so that we usually see these thin women giving great quantities of milk to their offspring. A combined hyposecretion of the anterior and posterior lobes results in great obesity. I have in mind now two boys who were normal until they had scarlet fever, after which they became very obese. I think that in some way the activity of the hypophysis was diminished by the infection. I had another patient who showed a decreased activity of the pituitary gland. He was very fat and had almost complete absence of the development of the secondary sex characteristics. He died of pneumonia. At the time of his death he weighed more than two hundred pounds and there was a complete absence of facial and pubic hair and his penis and testicles were no larger than a ten-year-old boy, although he was seventeen years old.

Dercum's disease, in which there are deposits of fat over the body, is a dyspituitaryism. I have never seen but one case of this and that a case of adiposis dolorosa. It was not a classical case in that it did not show the exquisite tenderness of the fat nodules usually seen.

Disease of suprarenal glands has a very marked effect on the nutrition of the body. These glands were first studied by Addison. The disease characterized by bronzing of the

skin and mucous membranes, disturbances of digestion, with vomiting and diarrhoea, feeble heart action, low blood pressure, etc., is named for him. Death comes in this disease from loss of tone in the skeletal muscles and paralysis of the respiratory muscles. The lesion usually found is tuberculosis. Like the pituitary this gland is essential to life, death ensuing in a short time after its removal. The most striking function of the suprarenal hormone is the maintenance of the blood pressure. Cabot says that the only condition seen by him that results in a constantly low pressure, is tuberculosis of the suprarenal glands, oversecretion of these glands produces a very characteristic picture in young and growing children. Dercum says that these children suddenly begin to grow stout, not in the sense of being fat, but in the sense of being big. They are precocious, out-stripping their playmates in school, going into classes in which the children are much older than they. Further, they are very strong physically, being exhibited in side shows because of their enormous strength. The genital organs early attain adult size and appearance and the hair growth comes at an early age. In fact, in every way, these children get grown in a year or so. Both conditions are followed by great emaciation and weakness and early death.

The gonads have an internal secretory function. In cases of the absence of these hormones before the age of puberty the sexual organs remain undeveloped and there is a lack of sexual desire. The growth of the long bones are stimulated by their absence so that we see a tall slender individual with artistic hands and fingers that are known as the eunuchoid type. We often see girls with an ovarian deficiency. They begin menstruating late — after the fourteenth year — and suffer greatly with dysmenorrhea, consisting of a great deal of pelvic pain often located over McBurney's point. This often leads to a diagnosis of appendicitis. I once misdiagnosed such a case and referred it to a surgeon who confirmed my findings, but

when the operation was done, the appendix was wholly blameless.

In the light of our present knowledge, taking into account the relation of the pain and distress to the menstrual period, I would hardly make the error now. I have at present under treatment a girl seventeen years old, who has had a similar mistake made in her case and an operation for appendicitis performed on her. She, of course, did not receive relief from her suffering, but she is now improving under the administration of Corpora Lutea three times a day.

This paper, I realize, is very incomplete, but I have gone far enough into a discussion of these glands to show the practical value of a careful study of the subject. There is voluminous literature devoted to it and if we give it sufficient consideration we will be better equipped to grapple with the pathological problems that are daily presented to us.

REPORT OF ADVISORY COMMITTEE ON THE HEALTH PROGRAM OF THE AMERICAN NATIONAL RED CROSS.

STATEMENT OF THE PROBLEM.

The American Red Cross has, for a period long antedating the Great War, included public health work among its major activities. Through its nursing services, through classes in home hygiene and nutrition and through leadership in the field of cooperative organization of voluntary health agencies, it has made contributions of fundamental importance to the cause of public health. Through its primary part in the establishment of the League of Red Cross Societies, the American Red Cross has even assumed a certain sponsorship for the concerted spread throughout the world of the conception of the Red Cross as a constructive peace-time health agency.

Yet, in spite of the special activities noted above, the American Red Cross has, itself, today no real health program—in the sense of a concrete and comprehensive plan of activity which it can recommend as a basic

foundation for local action throughout the country. We are well aware that the chapter is the ultimate source of action; but it is as clearly the function of the national organization to formulate general programs and to exercise leadership in securing their acceptance by the chapters. That no health program has yet received any such general acceptance is indicated by the fact that on September 30, 1922, out of 2,960 chapters reporting, only 33 per cent were conducting public health nursing, 14 per cent were maintaining classes in home hygiene and care of the sick, 10 per cent were making specific efforts to coordinate the work of local health agencies and but 8 per cent were holding nutrition classes.

The problem laid before your advisory committee is, as we understand it, whether the individual health activities of the American Red Cross as carried on at present should be curtailed; whether they should be maintained on their existing basis; or whether they should be developed and coordinated into a health program of sufficient appeal to attract a wider chapter response than has hitherto been manifest.

The Need and Opportunity for a Red Cross Health Program.

Your committee is unanimously of the opinion that the last-mentioned alternative is the one to be adopted. The charter of the American Red Cross clearly lays upon it the responsibility of preventing as well as of alleviating the suffering created by preventable disease. Abandonment of health activities is therefore out of the question, and if health work is to be performed at all it seems to us clear that it will gain immensely in efficiency by fuller coordination and more definite emphasis.

From the standpoint of the public health worker and that of the practicing physician, your committee believes that there is a unique need and a unique opportunity for such a health service as the American Red Cross could render. The protection of the public health is fundamentally a governmental

problem; but it is a problem which requires for its solution not only official action, but also the intelligent and active cooperation of the individual citizen. Modern wars are not waged by armies alone. The munition worker, the transport worker, the miner, the farmer, play a part as essential as that of the soldier. The war against disease must also be a war of the whole people. Such primary requirements as water supply and waste disposal systems may be provided and quarantine regulations enforced by the governments; but the most important problems of modern public health can be solved only with the voluntary cooperation of the individual citizen.

The object of the public health worker of the present day is to change the daily habits of life of the woman in the home and of the man at the desk and the workbench. Such a change cannot be effected by laws, but only by the slow process of education. In recognition of this fact the public health movement in the past ten years has become more and more definitely educational in its very essence.

It is in connection with this great educational campaign for public health that the Red Cross finds its supreme opportunity for leadership. Nonpolitical and nonpartisan, established in the confidence of the people as the greatest practical world force for the concrete expression of the ideal of service to humanity, with vast potential membership and an organization which can be developed so as to reach into every hamlet, the Red Cross, and the Red Cross alone, can successfully effect the mobilization of popular sentiment which is necessary to make the control of preventable disease a solid reality.

The Health Study Class.

It has been well stated that "the function of the chapters of the American Red Cross in the health field is the promotion of individual and community health through personal service, group instruction and general health propaganda." Personal service, as a rule, however, should be conducted by the Red Cross during a definite demonstration

period, to be turned over as soon as possible for routine administration to the constituted health authorities. In other words, even such actual services as public health nursing are rendered by the Red Cross as educational demonstrations. Education is the center and the essence of the Red Cross health program.

We would recommend, in order that the full possibilities of Red Cross health education service may be realized, that the home hygiene and nutrition work now conducted by the Red Cross be incorporated in a more extensive plan which would aim at the organization within each Red Cross chapter of a health study group—for the consideration, first, of the principles of personal hygiene and, second, of local community health conditions and health needs. This study class or health committee would thus become a continuing force for the support of the public health program in the community served by each chapter—an organized expression of that voluntary interest and voluntary support which are so essential to the conduct of the modern public health campaign. Particular applications will differ in different communities; but there is no single chapter of the American Red Cross which has not members who would benefit by a study of personal hygiene; there is no single chapter which by an intelligent survey of its local health situation could not find some opportunity for concrete service. The development of health study classes and neighborhood health service committees should, we believe, form the basic and universal element in a comprehensive health program; and the national organization should, in our judgment, take a definite and vigorous lead in this matter by preparing outlines of organization, syllabi for lectures and conferences, plans for surveys and suggestive standards for health programs.

Service Activities of the Red Cross in the Health Field.

Although the fundamental objectives of the Red Cross health program should be educational, it is obvious, as we have pointed out, that the best form of community educa-

tion will often consist in the demonstration by a chapter of the value of specific community health services, wherever possible with the cooperation of other health agencies. Public health nursing and the coordination of existing community health agencies are excellent examples of such demonstrative community health education; and the health study classes will prove an invaluable medium for revealing opportunities for constructive services of this type.

As important integral parts of a health program based on health study and health demonstration we desire to express our hearty approval of the following policies of the Red Cross as at present formulated:

1. The organization of classes in home hygiene and the care of the sick.
2. The organization of classes in nutrition.
3. The organization of classes in first aid and life saving.
4. The health phases of the Junior Red Cross program, such as (a) the development of personal health habits; (b) participation in a school health program; and (c) participation in community health programs.
5. The enrollment of properly qualified nurses under the division of nursing service.
6. The organized development of public health nursing in rural and semi-rural districts, through the activity of the division of public health nursing.
7. Assistance in the development and standardization of the training of public health nurses through loans, scholarships, subsidies and the like. (This work of the Red Cross could with advantage be materially expanded in cooperation with the national organization for public health nursing.)
8. The development of machinery for the coordination at one central point of the work of various local health agencies.
9. Cooperation on a national scale with such organizations as the national health council for the purpose of furthering the coordination of voluntary public health activities.

Dangers to Be Avoided.

If the Red Cross health program is to avoid reasonable criticism it must be so framed and so executed, both nationally and locally, as, in all respects, to supplement and coordinate with the work of constituted public health authorities and of the medical profession.

It should be regarded as an essential principle by the Red Cross that all health work undertaken shall be carried on only with the knowledge and approval of the State Department of Health and of the locally constituted health authorities of county, city or town. It should be considered a primary responsibility of the division offices of the Red Cross to consult with State Department of Health and of the chapters to consult with local departments of health before engaging in any new health activities and to keep such departments regularly informed of their progress and development. It is desirable, wherever possible, that the local health officer should be an active or coopted member of each Red Cross chapter executive committee.

In view of the intimate contact between a public health program of any type and the work of the medical profession, it is recommended that chapters ask the local medical society or the local physicians as a group to nominate a doctor of their own choice to act as their representative on the chapter executive committee or the committee on nursing activities.

It is axiomatic that neither the nurse nor any other Red Cross worker diagnoses, prescribes or gives medicine or surgical care except under doctor's orders.

The following principles now governing chapter procedures which relate to the medical profession are approved by us:

1. The nursing of patients shall be carried on only under the direction of a licensed physician.
2. In advising relative to securing medical or surgical treatment the Red Cross does not choose between individual licensed practi-

tioners. Such choice must be left to the individual patient or to his family.

3. The Red Cross advises with reference to securing special medical and surgical treatment only after consultation with the physician where one is available.

Chapters which employ public health nurses should request the medical society or the local physicians as a group to endorse standing orders which the nurse should follow in giving nursing care on her first visit to a patient if the patient has no doctor, or if the nurse cannot get in touch with the patient's doctor.

It is understood that such orders do not authorize a nurse to continue giving nursing care after the first visit if there is no doctor in charge, and that the nurse will make every effort to get in touch with the doctor in order to secure his specific instruction in person.

The medical society should also be asked to decide to whom the nurse shall refer indigent patients for diagnosis and treatment in the absence of a public physician for the poor; and to say what the nurse is to do if a patient having no family doctor and no knowledge of local doctors asks for suggestions as to medical care.

Essentials for Success.

The success of the Red Cross health program, on a comprehensive scale, depends, first of all, in our opinion, on the appointment of a director of health services of such capacity, experience and reputation as to command the respect and cooperation of public health officials and of the medical profession throughout the country. He should be provided with such expert assistance as may be necessary to guide and co-ordinate chapter health activities and the specific health activities listed on the preceding page, except Numbers 4, 5, 6 and 7, should be placed under his direction.

In the second place, it seems to us essential, if a comprehensive health program is to be undertaken, that it should be inaugurated with ample publicity and with the full and whole-hearted support of the central committee and the executive authorities at Wash-

ington. Such a program can succeed only with vigorous and enthusiastic support by the central organization of the conception of a broad educational health program as one of the primary and essential objectives of the Red Cross in peace-time.

Finally it is understood that our approval of the health program is conditioned on the fulfillment of the limiting conditions laid down above and that in approving it we assume that the authority of the official heads of the organization at Washington will be fully exercised to secure the acceptance by the chapters of these conditions.

The Advantages of a Red Cross Health Program.

The primary incentive for undertaking a comprehensive Red Cross Health Program lies in the fact that the greatest present need in the field of public health is the need for educating the individual citizen and mobilizing popular support for the work of existing official and voluntary health agencies; and in the fact that the Red Cross through its Chapter organization is possessed of exactly the machinery best fitted for carrying out such tasks. Incidentally, however, we believe that the American Red Cross would itself be materially strengthened by the adoption of such a program. The power of the Red Cross for the carrying out of its beneficent ideals depends on membership, financial resources and organization. It is the belief of those who have most carefully studied the question, in many countries, that the inauguration of a definite peace-time health program is the step which will prove most effective in increasing its power along all three lines.

The national Red Cross society should include in its permanent membership from 10 to 20 per cent of the population of the country. It is quite impossible to reach any such standard unless the members first of all receive something for their membership, and secondly—and this is even more important—are given something practical to do for the organization of which they form a part. The instinct of service is a strong and deep one. If we can only show to the average citizen

that the burden of preventable disease is indeed a menace to the prosperity of the state, as grave as the menace of a foreign foe, we shall find ready response. The health program outlined above gives to the Red Cross member the advantage of organized instruction in the art of living which will protect him and his family from danger; and it makes an inspiring appeal to him to give his services in the task of safeguarding the community as a whole against the evils which threaten it in the form of preventable disease.

In the second place, the health program should greatly increase the financial resources of the Red Cross, not only by multiplying its membership dues, but by making it possible to secure special gifts and endowments for the specific purposes of the health campaign. The safeguarding of health has a peculiar appeal to the wealthy and public-spirited citizen; and the funds which have been obtained for specific health purposes by other organizations are merely an earnest of the potential resources which could be drawn upon for a comprehensive campaign against preventable disease.

Finally, the machinery necessary for the carrying out of the health program would provide the Red Cross with an ideal organization, not only for the attainment of these specific purposes, but also for the execution of the tasks of disaster relief and war-time service. The improvisation of machinery to meet an emergency is always a difficult task, but the strengthening and vitalizing of chapter organization which would result from an intensive health campaign would be turned in an instant to the special objective of disaster relief and would furnish a basis for immediate efficiency in the face of a war emergency.

For all these reasons we believe that the inception of a comprehensive health program by the American Red Cross would not only constitute a public service of the first magnitude, but would greatly strengthen the Red Cross for all the other tasks which may be before it; and we urge that such a program

be undertaken, along the general lines laid down above, at the earliest possible moment.

(Signed) WILLIAM H. WELCH, *Chairman*.

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PROPAGANDA FOR REFORM.

GINSENG.—Ginseng has found no place in modern therapy. However, it has been reported that infusions of the extract of ginseng root are diuretic. But the most recent study has shown that the drug does not affect the nitrogen metabolism. Even the quack would find it difficult to discover a tenable potency on the basis of which the use of ginseng could be "boosted." (*Jour. A. M. A.*, Feb. 3, 1923, p. 328.)

MERCUPRESSEN.—From the advertising issued by the Barsa Chemical Co., Inc., 28 W. 23rd street, New York, for Mercupresen, this product is essentially the same as that which the Spirocode Corporation, 28 W. 23rd street, New York, marketed as "Spirocode." Spirocode was claimed to be composed of metallic mercury, copper sulphate, cypress cones, henna, nutgalls and dried pomegranates. The product was sold in the form of tablets. For use the tablets were ignited and the fumes inhaled by the patient. The Council on Pharmacy and Chemistry held that the claims for Spirocode were unproved and unwarranted and that the routine use of an inexact method for the administration of mercury is detrimental to sound therapy. The Council's rejection of Spirocode was subsequently fully sustained by the investigation of the inhalation treatment of syphilis carried out by Cole, Gericke and Sollmann. (*Jour. A. M. A.*, Feb. 3, 1923, p. 244.)

The Journal of The Florida Medical Association

Owned and published by the Florida Medical Association.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at St. Augustine and Jacksonville. Price \$1.50 per year; 15 cents per single number.

Contributions for publication in this journal, whether scientific papers or reports of County Secretaries, should be typewritten.

Address Journal of the Florida Medical Association, St. Augustine, Florida, or 602-603 Consolidated Building, Jacksonville, Fla.

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TO THE MEMBERS OF THE FLORIDA MEDICAL ASSOCIATION.

At the coming meeting of the Florida Medical Association, to be held in Jacksonville on May 15-16, we will celebrate the fiftieth anniversary of our organization. Fifty years is a long time and much has been accomplished for and by the medical profession during these five decades. It is fitting and proper that upon such an occasion an extra effort be put forth to properly commemorate this anniversary. At the last annual meeting of the Florida Medical Association, held in Havana, Cuba, the undersigned was given a tribute and an honor that was the crowning ambition of his life. It is now the most earnest desire of your president to have this jubilee meeting go down in history as the most successful meeting of any State Association in the South. The promise of all those in attendance at the last annual meeting to do all in their power to assist to bring about a sure enough "Jubilee meeting" is not forgotten, and a plea is now sent forth to the medical profession of the state to turn out en masse. Let nothing but the most urgent professional duties keep anyone from attending at least one of the sessions, and may we not ask for a word of encouragement and cheer from each and every individual member of the Association that is absolutely prohibited from attendance. In other words, let us have a 100 per cent attendance either in person or by proxy through a word of good cheer.

(Signed) L. M. ANDERSON, *President*.

THE JUBILEE MEETING OF THE FLORIDA MEDICAL ASSOCIATION.

The coming meeting of the Florida Medical Association to be held in Jacksonville May 15, 16, celebrating the fiftieth anniversary of organized medicine in this state, is full of significance to each and every member of the Florida medical profession, whether he be of "the old guard," or of the "boy scout" variety. It is believed that a more harmonious relationship exists among the ranks of the medical profession today

than has ever existed before. This applies not only to our own state but to the entire country. That a large percentage of credit for this feeling of good fellowship belongs to organized medicine will not be denied by anyone. The casting away for the time being of professional cares and the bickerings of daily life and the substitution therefor of contact with our fellows cannot do otherwise than improve our general perspective, and how often we find that the fellow practically our next door neighbor, for whom we have no time during the hustle of daily life, is a fellow actually well worth knowing. The regular attendance at organized medical society meetings, outside of what professional benefit may be acquired, is most valuable in forming friendships that will ripen into very dear ones as the succeeding years slip by. It is therefore especially apropos for every physician in this state to make every effort to attend the Fiftieth Annual meeting of the Florida Medical Association. The scientific program is without doubt the most attractive that has ever been offered at any meeting of the Association, the local committee of the Duval County Medical Society has left no stone unturned to make the meeting attractive from a viewpoint of relaxation. THE JOURNAL publishes in another column the Preliminary Program. While the Association proper does not convene until the morning of the 15th, the entire week will be one of medical activities in Jacksonville. The fourth annual meeting of the Florida Railway Surgeons' Association will meet on the 14th. The two succeeding days will be taken up with the sessions of the Association, while the last three days of the week will be devoted to a hospital clinic arranged by the staffs of the various hospitals in Jacksonville under the auspices of the Duval County Medical Society. "At 'er, boy!"

SIDE TRIPS PLANNED FOR THE LOS ANGELES MEETING OF A. M. A.

TRIP NO. 1—TWENTY-ONE DAYS TO HAWAII AND RETURN.

This trip includes a visit of six days in Honolulu with sightseeing trips to all parts of the city and on the Island of Oahu, and two days in Hilo and the Kilauea National Park with a visit by day and night to the famous active volcano of Kilauea National Park. This is the easiest volcano to visit in the world and it alone is worth the trip to the Islands. This is the most beautiful time to visit Hawaii, as the flowering trees and shrubs are all in bloom, vying with each other in their profusion of bloom and riot of color. The cool trade winds continually fan your cheek and the nights are soft and balmy while the water of the ocean ever invites you to revel in its warm embrace.

TRIP NO. 2—TWENTY-FOUR DAY CRUISE TO ALASKA.

Leaving San Francisco by boat or train for Seattle where a day is spent in sightseeing, proceed from Seattle by boat through the inside passage (one of the most beautiful water trips in the world) calling at Ketchikan, Wrangell, Petersburg, Taku Glacier and Juneau till you arrive at Skagway where you disembark for a railroad trip to Bennett Station and return to catch the boat for Sitka, the quaintest and most interesting city in Alaska. Leaving Sitka, travel for six days through the inside passage till you arrive at Seattle where four days will be spent in a side trip to the beautiful Rainier National Park. Returning to Seattle you embark by train or rail for San Francisco or points east. There are indications that this will be a very big Alaska year so early reservations should be made for this trip.

TRIP NO. 3—THREE WEEKS' NATIONAL PARK TRIP.

This trip embraces the Pacific Northwest including Yellowstone, Glacier and Rainier National Parks with a possible optional trip to include Crater Lake National Park. Going east from San Francisco via the famous

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Feather River Canyon to Salt Lake City where a day will be spent in visiting the Mormon Temple, Saltair and other places of interest, thence to Yellowstone for six days. A trip through the beautiful Flathead Lake country brings you to Glacier Park for a stay of five days. From Glacier Park proceed to Seattle, from where a motor trip will be made to Rainier National Park for a three-day stay. Returning to Seattle, we proceed to Portland where we take the wonderful Columbia River Highway drive through the famous Hood River country. From Portland return to San Francisco via the Shasta Route, stopping en route for a two days' visit to Crater Lake Park.

TRIP NO. 4—FOUR WEEKS IN THE
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This is the most comprehensive Pacific Northwest Tour that has ever been offered to the lover of the great outdoors.

Leave San Francisco by the Shasta Route for Portland where one day will be spent on the Columbia River Highway drive; you then entrain for Spokane where you will spend the night. Leaving early in the morning you proceed to Kootenay Landing, thence by boat over the Kootenay and Arrowhead Lakes. The following day resuming the trip by train through the incomparable Canadian Rockies to Banff, where you will spend four days in motoring to all points of interest, including Johnson Canyon, Vermillion Lakes, the Valley of the Ten Peaks and Lake Minnewanka.

Motoring from Banff to Lake Louise, you will spend two days at Lake Louise and environs, thence to Emerald Lake and Glacier, giving a day to each. From there you proceed to Jasper Park where four days will be spent at the foot of Mount Robson, Canada's Matterhorn.

Proceed from Mount Robson to Prince Rupert, the western terminus of the Canadian National Railroad. Here you board the steamer for Stewart, seven hundred miles up the inland passage, thence by motor to Hyder, Alaska, an old mining town.

Returning direct to Vancouver by boat, one day will be given to sightseeing, thence to Victoria, "A little bit of England." After two days' spent on Vancouver Island, you will proceed to Seattle where you will entrain for San Francisco or the East.

Many trips of shorter duration to Yosemite Valley, Lake Tahoe and other points of interest in California can be made, and we will be glad to furnish information on any of these trips. Inquiries about this or any other subject should be addressed to W. E. Musgrave, Chairman California Committee of Arrangements, 808-809 Balboa Building, San Francisco.

NEW AND NONOFFICIAL
REMEDIES.

DIPHtheria Toxin - ANTIToxIN MIXTURE-LILLY.—A diphtheria toxin, antitoxin mixture (see New and Nonofficial Remedies, 1922, p. 282), each cc. constituting a single human dose and containing 3 L+ doses prepared in accordance with the requirements of the U. S. Public Health Service. Marketed in packages of three vials sufficient for one treatment. Eli Lilly & Co., Indianapolis, Ind.

THEOCIN SODIUM ACETATE.—A brand of theophylline sodioacetate-N. N. R. (See New and Nonofficial Remedies, 1922, p. 357.) Winthrop Chemical Co., New York. (*Jour. A. M. A.*, Feb. 10, 1923, p. 401.)

A CORRECTION.

THE JOURNAL wishes to apologize to Dr. M. A. Lischkoff, of Pensacola, for making an error in crediting the authorship of an article entitled "Vertigo and the Ear," published in the March issue, to Dr. A. K. Wilson, of Jacksonville. Dr. Wilson promptly notified THE JOURNAL of the error which we hasten to correct.

PUBLISHER'S NOTES

SYPHILIS AND THE CHOICE OF ARSENICALS.

Can any doctor, while treating syphilis by intravenous injections of neoarsphenamine, afford to use a quality of drug in the slightest degree short of the best product of the laboratories?

Syphilis, even in its mildest form, is a fearful infection; its inroads upon the tissues, the possible extent of the damage it is likely to inflict, can never be foretold for any individual. Along with that, we are confronted by the fact that the arsenicals are not drugs to be toyed with; unless they are of the highest degree of purity their use is apt to lead to disastrous results. A bad reaction, not to say fatality, is an experience no doctor wants, either on his own or his patient's account.

If wise, one will therefore consider where his drug comes from. The cost is a secondary matter. The brand is everything. Neoarsphenamine, D. R. L., identifies the best drug at the physician's disposal today. It has ready solubility, a high chemo-therapeutic index and yet a very wide margin of safety for the patient.

A working monograph on the treatment of syphilis, revised in accordance with the latest ideas on the subject, may be had from The Abbott Laboratories, Chicago, upon request.

THE STANDARDIZATION OF EPINEPHRIN.

Although epinephrin has been accurately depicted in terms of atomic composition, the chemical formula having been announced in 1901 by Aldrich, it seems that the therapeutic value of the product is not measurable by chemical means. The epinephrin molecule may be there, whether the epinephrin itself measures up to physiologic standards or not. This has been explained by the fact that epinephrin may be either wholly levorotatory, as in the natural state, or partially dextrorotatory, and that insofar as it is dextrorotatory it is physiologically inactive. While it is possible to separate the two kinds of epinephrin molecules in a mixture of both, the best plan is to apply a physiologic test and, following this, to standardize by the required concentration or dilution.

Adrenalin, the original epinephrin preparation, has always been standardized in this way. The test is what is known as the pressor test, and the test animals are anesthetized dogs. The Adrenalin is administered intravenously in very weak dilution, and the effect upon the blood pressure is recorded on a revolving drum by means of a needle-tipped rubber tube connected with the carotid artery of the dog.

These details have been published in our advertising section by Parke, Davis & Co., who promises to supply other information, of a clinical nature, to inquiring physicians.

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THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION

PUBLISHED MONTHLY

Volume IX

St. Augustine and Jacksonville, Florida, May, 1923

Number 11

ORIGINAL ARTICLES

CARBON TETRACHLORIDE IN TREATMENT OF HOOKWORM DISEASE.*

JAS. D. LOVE, M. D.,
Jacksonville, Fla.

When, following a series of experiments on dogs, Dr. Maurice C. Hall, in 1921, suggested carbon tetrachloride as a remedy for hookworm disease in man, it is to be doubted if he, himself, realized the far-reaching possibilities incident to this suggestion. It is singular that most of the pioneer work relating to the usefulness of this drug has been done in foreign countries. Most notably by Dr. C. N. Leach in Ceylon, Dr. L. Nicholls in Colombo, and Dr. S. M. Lambert in Fiji.

The conclusions of the later writer were based on the treatment up to October, 1922, of 50,000 hookworm patients by carbon tetrachloride. If the conclusions of this writer are correct, and if my own conclusions based on the treatment during the past two months of nearly 100 cases are to be relied upon, we have in this agent a remedy so potent for hookworm eradication that it must be regarded throughout the South as probably the greatest medical discovery in recent years. For a large portion of the world's population, this new agent for eradication of hookworm must be regarded as rivalling in importance the use of antitoxin for diphtheria, quinine for malaria, mosquito eradication for prevention of yellow fever, and vaccination for prevention of smallpox. If my conclusions are correct, this remedy on account of the ease of administration, safety, and wide field for its application, is destined to fairly change

the complexion of the children of the South, and overcome one of the greatest handicaps incident to life in our Southern States. As an economic instrument its value cannot be computed in dollars and cents, and as a health measure bearing intimately on the welfare of countless numbers of our population it must be heralded as one of the most brilliant discoveries of modern medicine.

Comparatively little has appeared in medical literature concerning this agent, and most of the written articles deal with statistical data, proving the worth of carbon tetrachloride as an anthelmintic, while but little has been written concerning the dosage and mode of administration. A brief reference to this last practical point was made by Dr. Lambert in the *Journal of the A. M. A.* for February 24, 1923, and with this information at my disposal, I have been able to treat nearly one hundred patients during the past two months and to tabulate a report giving the results of such treatment.

Owing to my connection with the Children's Home Society of Florida, I enjoy exceptional opportunities for observation and treatment of hookworm disease, since about 90 per cent of the children admitted to this institution are, at the time of their admission, suffering from hookworm infection.

The treatment of hookworm disease by thymol and chenopodium has always been unsatisfactory, since from six to twenty-one treatments are usually required to effect a cure. In many instances even a greater number are necessary. In addition to the lack of effectiveness of these two remedies, the disagreeable nature of the drugs, combined with their dangerous properties, have rendered them so objectionable that their universal employment has been largely curtailed. In carbon tetrachloride, it appears that we have

*This paper was intended for presentation before the Fiftieth Annual Meeting of the Florida Medical Association, held at Jacksonville, May 15-16, 1923, but owing to an overcrowded program the essayist did not have an opportunity.

a drug which renders the stools hookworm-free in about 90 per cent of the cases, as the result of a single treatment. A contrast between the results secured from the use of this agent and previously employed remedies is obvious and striking. It is much easier to administer than either thymol or chenopodium, more palatable than either, more laxative, produces fewer disagreeable symptoms, is safer, and requires no preliminary purgation or starvation. I can make no definite statement as to the safety of the drug till it has been more universally employed, but will say in passing that in only two of my cases were there disagreeable results, and these consisted in vomiting, lasting about twelve hours.

I am able to report as having been successfully treated through this agency, during the past two months, ninety cases of hookworm disease. Of these, seventy-four cases, or 82 per cent, were rendered hookworm-free by a single dose. Twelve cases, or 13 per cent, required two doses, and four cases, or 4.4 per cent, were given the third dose. Among the four cases requiring three treatments were two children who vomited the first dose given, which probably accounts for their lack of response. One of these patients is a boy four years of age who has been under my care for nearly two years. He is profoundly anæmic with a hemoglobin content of 30. This is one of the most profound and rebellious cases of hookworm infestation that has ever come under my observation. He has been given over sixty doses of thymol or chenopodium, apparently with no favorable results. Since he was rendered hookworm-free by carbon tetrachloride, it is no wonder that I am an enthusiastic advocate of the drug.

The dosage I have been employing is three minims to every year of age, but do not exceed thirty-five minims in any instance. A child of 5 years, therefore, requires fifteen minims. One must distinguish between minims and drops of this agent, since a minim of carbon tetrachloride consists of from three to five drops, administered from

an ordinary medicine dropper. The dose may be measured either from a minim graduate or a minim pipette. In prescribing it for my private patients I order twice the amount indicated for a single dose, directing that it be dispensed in a one-dram vial. The patient is instructed to take one-half the contents of the vial in a single dose, the remainder being retained for further employment if such is found necessary. It is administered from a tablespoon which has been half filled with either plain or sweetened water and the required dose is dropped from the pipette into the center of the spoon. It is taken in a single swallow and occasions little or no aversion.

The patient is given his usual evening meal and in the morning the drug is administered on an empty stomach. No food is given for three hours afterwards. Preliminary purgation is unnecessary, and on account of the slight laxative properties of the drug, it is contended by some that a post-purge is likewise unnecessary; however, it is my own practice to administer, one hour after the carbon tetrachloride, a single large dose of Epsom salts. I follow this procedure because it has been ascertained that for the most part the drug does not undergo absorption in the alimentary tract and can be largely recovered from the intestinal excretion. Since it is a drug distinctly foreign to the intestines, I feel that it should be eliminated as early as possible after it has produced the desired results.

The drug has a slight anthelmintic action on other parasites than the hookworm, but in this respect is probably inferior to remedies previously employed. In cases of infestation with both hookworm and ascaris it may be combined with a few minims of chenopodium or even with thymol.

Castor oil as a post-purge is not advised, not that it brings out any toxic action of the carbon tetrachloride, but we know it does interfere with its effectiveness.

I would caution against the use of the commercial product and recommend the employment of a chemically pure preparation. Commercial carbon tetrachloride is unfit for

administration on account of the presence in it of carbon sulphid and carbonyl chloride. The only fatal results so far reported were associated with the use of an impure preparation of the drug.

Should a more universal employment of this agent verify present conclusions, doubtless the drug will commend itself to State and county health authorities as appropriate for mass treatment in localities with a high degree of infestation.

SOME CHRONIC NASAL CATARRHS, THEIR CAUSE AND CURE.*

ALBERT H. FREEMAN, M. D.,
Jacksonville, Fla.

The reason why so many cases of the chronic nasal catarrhs remain uncured will appear in the consideration of the treatment, but that they are among the maladies and ills of the flesh for which a favorable prognosis should be made, I fully believe.

If the accepted principles of treatment as now applied by the modern rhinologist be permitted by the patient, fully 95 per cent of these cases should be restored to function, and that, as I take it, is the all-important desideratum.

I am prompted to discuss, under its common though quite unscientific name of catarrh, some of the more chronic forms of this everyday disease, because of the fact that a pessimism as to its cure prevails; and to review our knowledge of some of the causes that tend to produce it, as well as the methods which lead to its relief and final cure; also to spread the gospel of optimism in these cases, where more or less doubt has heretofore prevailed.

By the term catarrh we understand that there is a pathologic condition present, due to local or constitutional causes, which so irritates the mucous and serous cells of the nasal mucosa that an alteration in both the

quantity and quality of their product is brought about to such an extent that the normal physiological functions of the nose are disturbed. These functions, as you know, are cleansing, warming and moistening the inspired air in addition to permitting its passage to the lower areas of the respiratory apparatus. A normally acting nose cleanses the air of dust, dirt, and bacteria, moistens the air to saturation regardless of the humidity of the surrounding air and raises its temperature to 86 degrees F., whatever the degree of cold outside the body. When it fails to do these things some pathology is present, whether general or local causes are behind it, and if it persists the condition is chronic.

Various names have been given to the milder of these chronic nasal catarrhs, such as simple chronic rhinitis, chronic catarrh, subacute rhinitis, chronic cold, chronic coryza, rhinorrhœa, and alternating stenosis.

The cause of this form of catarrh is repeated attacks of coryza, uncured rhinitis, the infectious diseases of childhood, dusty occupations, neglected adenoids, sinusitis, deviations of the nasal septum, or spurs on the septum. It occurs more frequently among men than women, in the young than the old and in the civilized than the uncivilized.

In most of these cases there is nasal obstruction, usually a deviation of the septum in its lower and middle portions, and with each inspiration a vacuum occurs posterior to the obstruction, and this negative pressure, or suction-like action, determines the blood to engorge the swell-bodies of the inferior turbinates, producing a turgescence that not only blocks the airway but through cell-changes lessens the secretion, makes it more mucous and less serous, adds an admixture of dead leucocytes, permits less saturation of the inspired air due to the altered secretion, and insufficiently warms the air due to the stasis present in the local nasal circulation. Continued venous engorgement results in an increase in the size of the cells of the involved structures and then hypertrophy has begun.

*This paper was intended for presentation before the Fiftieth Annual Meeting of the Florida Medical Association, held at Jacksonville, May 15-16, 1923, but owing to an overcrowded program the essayist did not have an opportunity.

In those cases with thickening of one or both sides of the base of the septum there is usually only a turgescence of the inferior turbinates, with little or no change in the middle turbinate region, but where, as is often the case, there is a deviation high up; there may be also turgescence of the middle turbinates, obstruction to drainage of the frontal and ethmoidal regions, pressure pains, neuroses, anosmia, hyperplasia of the mucosa of that region and a tendency to poly-poid degeneration.

TREATMENT.—Cleansing stands first in importance, using warm and isotonic alkaline solutions for the removal of the thickened accumulated exudate. Borax, 2.5 per cent, soda bicarb., 1.5 per cent, boric acid, 2 per cent and sodium chloride 7 per cent, are all useful. Flavors may be added, also sugar and glycerine, to make the solutions more pleasant. A mineral oil with or without flavor or medication is generally a valuable protective. Removal of adenoids and the doing of other surgery when indicated, treatment of underlying general diseases, and attention to hygienic and dietetic rules must not be neglected.

Hypertrophic rhinitis, obstructive rhinitis, hypertrophic nasal catarrh, hypertrophic ozena, hypertrophy of the turbinal bodies and hypertrophic rhinitis are some of the names for the most prevalent form of these diseases.

The causes are the same as in the chronic simple form, but acting over a longer period of time. Nasal obstructions rank first among the predisposing causes; there is compensatory hypertrophy of the inferior turbinate on the roomy side of the nose; it occurs most often in men; among those predisposed to it are neurotics, sedentary people, the weak, those suffering from emphysema, asthma, chronic bronchitis, and tuberculosis.

TREATMENT.—“Be assured that in most instances hypertrophic rhinitis is a surgical rather than a medical disease,” is a thought I have borrowed from Ballenger and with which all will agree who have seen many of these cases.

Submucous resection of the nasal septum; removal of septal spurs, partial turbinectomies, seldom; removal of nasal polypi, or whatever of obstructing pathology is present, will meet the indications in a large number of cases and will be curative in proportion to its ability to remove the existing pathology and restore the nose to normal function.

Above and beyond all procedures stands the submucous resection of the septum, when indicated, in its ability to restore the nares to normal function. Formerly regarded as a very difficult and dangerous surgical operation, it has come to be reckoned, due to the improvements in instruments, technique and anæsthesia by the work and studies of such men as Freer, Ballenger, Killian and others, as reasonably easy and fairly safe, one most indispensable in the cure of many chronic nasal catarrhs, and without which many cases are doomed to remain in the incurable class. Medicine will not cure these cases because there exists a pathological obstruction which drugs have not the power to remove.

To do this operation successfully, the surgeon must know his nasal anatomy; must study his case beforehand and determine just what is to be done; must know how to meet and master the difficulties that arise now and then during the operation; he must know the technique of a good submucous resection; he must know what to remove and what to leave intact; he must have the surgeon's eagle eye and gentle touch—no rough hand here; he must give special care to high deviations and not leave too much of the basal ridges where present; he must not permit too much traumatism to the soft parts lest, instead of healing kindly, they melt away and leave behind a staring vacancy where once stood a sturdy though maybe crooked septal wall.

Our patients must have more training, urging and assurance from their family physicians, as well as the specialist, before they will yield themselves to surgery for the cure of catarrh, even though their refusal to accept it means failure to get relief from the ailment.

Alkaline irrigations and oily protective sprays are useful to meet some indications. Electro-cautery or chemical cautery with chromic or trichloroacetic acid is sometimes useful in reducing the size of the inferior turbinate. Scissors, snare, spokeshave, swivel knife, or other cutting instruments have been used in reducing the size of a hypertrophied turbinate. Middle turbinates when obstructing drainage to the accessory sinuses will often need amputation of the anterior portion, but, as a rule, it is poor surgery to remove very much of the inferior turbinate.

If any sinusitis be present it will require treatment according to location, extent and kind of involvement present.

Atrophic rhinitis, ozæna, atrophic catarrh, coryza fetida, and sclerotic rhinitis are some of the names for a disease which has been a reproach of the rhinologist.

This disease is fortunately more rare than formerly, some writers think, because adenoids receive attention where formerly they were neglected. Atrophic rhinitis occurs by preference between the ages of 7 and 12, rarely occurring after the age of 25. It occurs five times as often in females as in males. Contagion, heredity, or the inheritance of a predisposition to the disease, according to some writers, play a part in the causation. It is said that 50 per cent of all cases occur in the brachycephalic type of skull; sinus disease is often present; lues and tuberculosis are both supposed to predispose children to the disease. Perez claims to have discovered the specific bacterial cause, always present, infecting one to another. Recently Kozo Sakagami, writing in *The Lancet*, says: "(1) The so-called ozæna bacillus, obtained from the nasal passages of ozæna patients, agree in all important points with the cocco-bacillus of Perez. (2) The cocco-bacillus is found only in ozæna patients and not in patients suffering with other nasal diseases, and in healthy persons." Perez claims that every case of ozæna originates from another patient or from the muzzle of a dog, but De Simoni tried to infect others with crusts from ozæna cases and failed.

Brock and Bradt claim they have found that in 89 per cent of the cases with ozæna the Klebs-Loeffler bacillus is present, while in the non-fetid type about the same percentage show the absence of the Klebs-Loeffler bacillus. Theorize as we have and as others may, it must be admitted that there is no general agreement as to any one particular cause.

TREATMENT.—This is often slow and discouraging and formerly has required months and years of constant treatment. If the cases are not cured promptly we can at least ameliorate and alleviate some of the distressing features of the disease, even though it requires all our ingenuity, patience and skill.

The crusts are best removed by use of an abundance of warm isotonic alkaline solutions applied by irrigation, at times with force, in order to loosen and remove the inspissated and closely adherent exudates. Salt, soda, borax, boric acid, thymol, resorcin, and like drugs may be added to the water used.

Gottstein's cotton-wool plugs may be used. After cleansing, tampons soaked in 10 per cent aqueous solution of ichthyol are useful in stimulating the cells of the mucosa to normal action. Iodoform, eucrophen, boric acid, and olive oil have been used. Among pigments, Balsam Peru and Mandl's pigment may be painted on the mucous membrane.

Sinusitis, if present, must be relieved surgically in most cases. Fleischman of Berlin, in an article published in November, 1922, stated that the best results in these cases are to be had from systematic narrowing of the nose.

Lautenschlager has operated for the past eighteen years, using a Caldwell-Luc operation on the maxillary sinus to secure his avenue of approach to loosen and push over to the septum the antro-nasal wall which he keeps in place with tampons introduced into the antrum and changed in six or eight days the first time, and thereafter daily until the wounds heal, many cases necessitating a plastic operation to close the oro-antral opening. He claims the results are good. Other operators use tibial bone, silver, and magnesium plates, the advantage claimed for the

latter being that they are absorbed after a few weeks. These extraneous substances are inserted behind the mucous membrane of the outer nasal wall and serve to splint it and hold it over against the septum, thus narrowing the passage and relieving the ozæna.

More recently an intranasal operation method of surgical narrowing the nares has been devised by Max Halle and tried out in his clinic in a series of seventy-six cases with very good results.

Wolfson of Boston has observed forty-six cases in Halle's Clinic in Berlin, and personally performed five operations. Working through the nose under local anæsthesia, with knife, chisel and elevator, Halle separates the anterior end of the antro-nasal wall, introduces a strong elevator into the antrum through the nasal wall and pushes the part over towards the septum. Opposing areas of mucosa are scratched with a knife to promote union to hold the wall in. Tampons are introduced to the outer side and upper corner of the wall to hold it against the septum until healing takes place. These tampons are renewed every five days for four weeks when union should have taken place; tampons are then stopped and the wound allowed to heal, which it promptly does.

Wolfson reports in *The Laryngoscope* for February, 1923, that he had the privilege of observing seventeen cases, postoperative, seven cases after one year, three cases after two years, and two after three years. The results were good in all but three cases.

All these methods have been tried and have their advocates. Others have accomplished this narrowing of the nares by the injection of paraffine. These injections have been used and abused, cussed and discussed, succeeded and failed and the method has both friends and enemies. The dangers in its use are from embolus of the lung and of the central retinal artery. Those who use it agree that the melting point of the paraffine must be high in order that the substance may stay exactly where it is wanted and not stray away to do damage.

It must never be lost sight of in this as in the other forms of catarrh that any underlying constitutional or general disease such as pulmonary, cardiac, renal, cardio-renal, hepatic or blood diseases must have appropriate treatment.

Iodides are indicated in most of these cases whether syphilitic or not.

CONCLUSIONS.

Every case of chronic nasal catarrh needs competent individual study and classification before treatment is instituted.

Local treatment is curative in a small number of, and useful in meeting indications in most, cases.

Catarrhs that do not yield to six weeks of medical treatment should be referred to a specialist to determine the reason why, and for the removal or correction of such deviations, obstructions or other pathology as may be found to be preventing a cure.

A competent breathway is essential to nasal integrity. Efficient drainage of all accessory sinuses and æration of all parts of the nasal mucosa are indispensable conditions.

When obstructions are present, surgery is indicated in most cases to secure a normal breathway, without which treatment is largely a waste of time and money.

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PRIMARY CARCINOMA OF THE PANCREAS.*

JULIAN E. GAMMON, M. D.,
Jacksonville, Fla.

Embryologically the pancreas is developed from two anlagen. The dorsal pancreas begins as an out-pouching of the second portion of the duodenum; the ventral pancreas begins as a grooved bud arising from the common-bile duct near the ampulla of Vater. The two portions of the pancreas finally unite and form the pancreatic gland. There are two types of glandular tissue with separate and distinct functions: The acini of the tubular gland system excrete digestive ferments which are important in the digestion of proteins, fats and carbohydrates. The secretion is collected in the duct of Wirsung and the accessory pancreatic duct or duct of Santorini and is drained into the common-bile duct and into the duodenum. The second glandular structure within the pancreas is the islands of Langerhans, which have no ducts, and the secretion from these islands is taken up by the blood and is most important in the control of the intermediary carbohydrate metabolism. When a large number of these islands are destroyed and there is an insufficient supply of this internal secretion the clinical condition known as diabetes mellitus is evident.

Anatomically the pancreas is deep-seated in the epigastrium, its head lying in a loop of the duodenum, and frequently pancreatic tissue completely surrounds the common-bile duct. Its body and tail extend obliquely toward the left kidney and spleen.

Pancreatic inflammation and necrosis is frequently secondary to lesions of the biliary tract, gastric and duodenal ulcer. The pancreas may also be secondarily involved in malignant disease by direct extension from the stomach and common-bile duct. Metastatic involvement of the gland is rare. Primary carcinoma of the gland is not infrequent, and

occurs in the head of the pancreas in about two-thirds of the cases. The tumor is rarely of large size and metastases reach the liver through the lymph channels.

The symptoms of carcinoma of the pancreas are due to its anatomical relations and to disturbance in function of the gland. You will recall that in about 50 per cent of individuals the common-bile duct is surrounded by pancreatic tissue and that the duct of Wirsung empties its contents into the common-bile duct near the ampulla of Vater. Necessarily when there is much swelling at the head of the pancreas the common-bile duct is obstructed, and intense jaundice is evident and persistent. Pain of various types is also an important symptom. Sometimes it is colicky in character and is probably due to obstruction of the ducts; many times it is so intense that it simulates gallstone colic. When the pancreatic ducts are obstructed so that there is insufficient external secretion entering the duodenum for digestion of proteins, fats and carbohydrates, we usually find large stools containing neutral fats, fatty acids, and undigested meat fibres. Frequently there is diarrhoea due to undigested food. Various symptoms of indigestion, which are not characteristic, may arise, but loss of weight is usually evident. In some instances the tumor may be palpable in the epigastrium; it is usually hard, firm and slightly tender.

I wish to report the histories of two cases of primary carcinoma, which bring out the main clinical symptoms of the disease. The prominent symptom in the first patient was intense jaundice; the striking symptom in the second patient was severe colicky pain.

The first patient is Mr. C., age 65, who came in complaining of jaundice, indigestion, clay-colored stools and highly-colored urine. His mother died of tuberculosis. The patient's general health has always been good. Present illness began four weeks before the examination. At the onset he felt a little "bum," promptly developed jaundice, poor digestion, puffiness after eating, slight nausea but no vomiting, slight pain and soreness in the epigastrium. On examination the

*This paper was intended for presentation before the Fiftieth Annual Meeting of the Florida Medical Association, held at Jacksonville, May 15-16, 1923, but owing to an overcrowded program the essayist did not have an opportunity.

striking points of interest were intense jaundice; slight abdominal distention; enlargement of the liver, edge extending down to the level of the umbilicus; gallbladder distinctly palpable but not tender; distinct tenderness in the epigastrium but no mass was palpable; stools were clay-colored, containing no bile—the fats in his diet had been restricted—the urine was highly colored, almost a mahogany brown. Diagnosis of cancer of the head of the pancreas with obstruction of the common-bile duct was made and the patient referred for operation. The growth was found in the head of the pancreas and treated with radium. The gallbladder was anastomosed to the jejunum. Jaundice cleared up by drainage of the bile through the gallbladder into the intestine. Liver returned to normal size and gallbladder was no longer palpable. The patient improved. Later the mass in the epigastrium was distinctly palpable, about the size of a small hen's egg, hard, firm. About eleven months after the onset of illness patient developed obstructive symptoms as nausea, vomiting, epigastric pain, gurgling sounds on auscultation over the pyloric region and definite visible peristalsis; almost complete occlusion of the duodenum was found. Gastroenterostomy was done. Three months later patient developed severe chill, high fever which resembled a malarial infection; following some of the attacks he had definite jaundice. Blood was negative for malarial parasites, and knowing the pathological condition it was self-evident that he was having an acute cholangitis, sometimes known as intermittent hepatic fever. Patient died fifteen months after the onset of symptoms.

The second patient, Mr. R., age 55, came in complaining of attacks of colicky pain and soreness across the right upper abdomen, gas attacks, loss of 28 pounds in weight. His general health has always been good. Measles at 6; mumps at 8; typhoid fever at 13; dengue fever at 30; inflammatory rheumatism at 33; chills and fever one year ago. Habits: temperate. Present illness began eight months before examination and he has gradually

grown worse. At the onset he had a bloated feeling after meals and occasionally a colicky pain; the attacks of colic have grown frequent and more severe. At the present time he has daily recurrences of the attacks after eating, troubled a great deal with gas; has had no nausea, vomiting or diarrhoea. Has lost twenty-eight pounds in weight during the last eight months. Recently his skin has become slightly discolored. He has had no clay-colored stools; the bowels have been markedly constipated. On physical examination patient was underweight, sallow color, slightly icteric. Liver edge was palpable about three fingers' breath below the costal margin; gallbladder was not palpable; a small mass was palpable in the epigastrium which was hard and very tender. The stools were not clay-colored; urine contained bile. Gastric analysis: free hydrochloric acid, 40; total acid, 60. Patient was operated upon and the mass was found to be carcinoma of the head of the pancreas. The gallbladder was anastomosed to the jejunum which relieved the jaundice. Patient died a few months later.

The evidence of carcinoma of the pancreas in these two patients, ages 55 and 65, is persistent obstructive jaundice with distention of the liver and gallbladder with bile; epigastric pain which was mild in the first patient, severe and colicky in the second; palpable mass in the epigastrium which was small, firm and tender; loss of weight; the complications were duodenal obstruction and acute cholangitis. The condition which is likely to be confused with carcinoma of the pancreas is gallbladder disease associated with jaundice and colic.

A careful history and physical examination will, as a rule, reveal the nature of the disease.

PROPAGANDA FOR REFORM.

MORE MIBRANDED NOSTRUMS.—The following products have been the subject of prosecution by the federal authorities charged with the enforcement of the Food and Drugs act: Healing Springs Water (Virginia Hot

Springs Co.), a moderately mineralized water, containing bicarbonates of calcium and magnesium, and magnesium sulphate (Epsom salt); Brick's Sarsaparilla (Palestine Drug Co.), containing small amounts of sodium salicylate, potassium iodid, plant drug extractives, including sarsaparilla and a laxative drug, sugar, alcohol and water; Yerk's Wine Extract of Cod Liver Oil (Yerk's Chemical Co.), consisting essentially of compounds of sodium, potassium, calcium, iron, quinin, strychnin and phosphorus, extracts of plant drugs, possible traces of cod-liver oil, malt extract, sugar, alcohol and benzaldehyde as a flavoring; Anemia Tablets (Carlos M. Rivoll), containing 95 per cent of milk sugar and small quantities of cinchona alkaloids, charcoal, sulphur, gum and compounds of arsenic, phosphorus, iron and sodium. (*Jour. A. M. A.*, Feb. 3, 1923, p. 343.)

BAYER 205.—This is said to be a specific trypanosomid. It is said to have no effect on organisms other than the trypanosomes, even those that are nearly related such as the spirochetes. Most of the work carried out in this country has been carried out with small laboratory animals, but the successful treatment of two human cases of trypanosomiasis is reported. The composition of Bayer 205 is secret, though a hint as to its chemical composition has been discovered which suggests that it is a dye of the naphthalene series. It is hoped that in the near future the exact composition of Bayer 205 will be declared so that scientists will feel justified to carry out controlled experiments with the drug. For the present the preparation is in the experimental stage. (*Jour. A. M. A.*, Feb. 10, 1923, p. 406.)

A PATENTED CONSUMPTION CURE.—The U. S. Patent Office has issued patents for many preparations to be used in medicine for which there has not been the slightest scientific justification. The most recent and most flagrant lack of intelligent patent law administration is to be found in a patent issued to Sergluson and exploited by the Savrite Medical Manufacturing Co., Los Angeles.

Cal., for an alleged cure for tuberculosis. This is the patented cure: Pure olive oil, 1 gallon; squill root, 3 pounds; bitter almonds, $1\frac{1}{8}$ pounds; nettle (the plant except the root), $1\frac{1}{2}$ pounds; red poppy flower petals, 1 pound. These various ingredients are to be mixed, put in a closed container, gradually warmed and left standing for about 72 hours, when the mixture is squeezed, mixed and filtered. The filtrate comprises the "cure." (*Jour. A. M. A.*, Feb. 10, 1923, p. 420.)

ALLEN'S GOITER TREATMENT.—At Sheffield, Ia., the Allen Remedy Co. conducts a mail-order business in "Dr. C. J. Allen's Goiter Treatment." The A. M. A. Chemical Laboratory analyzed the Allen nostrum and found it to consist essentially of ferrous iodide and hydrogen iodide (hydriodic acid) in a colored and flavored syrup. The serious side of the Allen Goiter Remedy Co. business is the indiscriminate sale of the nostrum to those who may be, and are likely to be, suffering from exophthalmic goiter. It is well known that the use of iodine is likely to aggravate this disease and hence it is not surprising that physicians are beginning to report serious results from the use of the Allen preparation. (*Jour. A. M. A.*, Feb. 24, 1923, p. 572.)

STRYCHNIN AND DISTURBANCES OF THE VISION.—The use of strychnin in the treatment of certain visual disturbances appears to be extensive. Its use in ophthalmology was introduced in 1830. In text-books the claims for the usefulness of the drug in these conditions run from mere assertions regarding the usefulness of the drug in certain eye conditions to statements that it actually increases the acuity and field of vision within an hour after injection of therapeutic doses. Occasionally there is a statement to the effect that the good results from strychnin are due to psychic influences. And now, ninety-two years after its proposed use, experiments have been made to indicate that the latter opinion is probably correct and that strychnin is without action on vision. (*Jour. A. M. A.*, Feb. 10, 1923, p. 406.)

The Journal of The Florida Medical Association

Owned and published by the Florida Medical Association.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at St. Augustine and Jacksonville. Price \$1.50 per year; 15 cents per single number.

Contributions for publication in this journal, whether scientific papers or reports of County Secretaries, should be typewritten.

Address Journal of the Florida Medical Association, St. Augustine, Florida, or 602-603 Consolidated Building, Jacksonville, Fla.

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OUR FIFTIETH ANNIVERSARY MEETING.

THE JOURNAL is going to press as our Jubilee Meeting is in session. We, therefore, have not the time to dwell in detail concerning the sessions or to prepare the Proceedings which will appear in the June issue as has been customary in the past. Suffice it to say at this time that the Fiftieth Anniversary Meeting held in Jacksonville marks a new era for organized medicine in this state. More anon.

A CHEERFUL PROSPECT IN THE FIELD OF PUBLIC HEALTH ACTIVITIES.

Courage is essential to many of the struggles which man must face, and they are not always confined to the conventional battlefield of contending armies. Good fights must often be fought in the course of every-day life. Nothing helps more to maintain courage in the face of severe obstacles than does a firm conviction in the rightness of the cause involved. It is doubly needed when the victory seems far away and the desired outcome is slow in arriving. It has recently been remarked that the question of living satisfactorily, in the present state of society, frequently resolves itself into combating the prevalent agencies of disease transmission. In addition to this, we are reminded further, are the dangers lurking in harmful foods, the hazard of acute poisoning, the menace of hereditary taint, the perils of degenerative disease, the attacks of pathogenic bacteria, and the deplorable functional disturbances. To face squarely the problems involved, Williams adds, requires more courage than some can muster.

From day to day, or even from year to year, the efforts of modern preventive medicine sometimes appear to have made little, if any, progress. We are reminded of the wealth of investigation devoted to the problems of tuberculosis, while the disease is still with us. All the many cancer research institutes throughout the world, so the pessimist argues, have not decreased the incidence of

the malady. Yet there are so many instances of great progress that one can easily recover courage and strengthen conviction through the mere enumeration of some of them. Against smallpox and yellow fever, the great victory has been sustained. Our latest annual summary of typhoid death rates in the large cities of the United States shows a continuance of the typhoid decline which has been so striking a factor of the epidemiology of the disease for the last twelve years.

We have already remarked that the condition in the larger cities for the most part may now be regarded with pride instead of being pointed to with obloquy as awful examples. However forceful exhaustive statistics may be, they sometimes do not impress the individual so directly as the perhaps less accurate data derived from a smaller range that comes within his personal observation. As an illustration of the changing health conditions in our American communities, we may cite an interesting personal experience recently recounted by a physician in one of the Southern States. Here is the striking testimony:

"During the five summer months of 1909, I saw 158 town patients. During the same period of 1922, I saw 202 town patients. Of the 158 patients seen in 1909, ninety-six had well-defined cases of malaria, with chill, fever, sweats, etc.; fifteen had cholera infantum ileocolitis, or dysentery, with two deaths, and seven had typhoid fever, making a total of 108 out of 158 that should have been prevented. During the five summer months of 1922, I did not have in town a single typical case of malaria, typhoid fever or cholera infantum. I had one atypical case of malaria that was most probably contracted out of town. I had only one case of ileocolitis that lasted over five days, and this was the only case of dysentery or infectious diarrhea in town this summer. There has not been a case of typhoid fever since February, 1919. Malaria, typhoid and infantile diarrhea have about disappeared."

Nor does this tell the entire story. Hookworm disease has been controlled in that community, and people once "sallow, anemic,

sick and thin" have become "healthy, prosperous and happy." Here is the record of a community in which some one or, rather, many who had both courage and the conviction of their hygienic precepts have labored, and not in vain. Who shall say that health is not a purchasable commodity?—*Jour. A. M. A.*

SALT-RISING BREAD AND THE WELCH BACILLUS.

Until late in the nineteenth century, the preparation of bread was an uncertain and wasteful process; then Pasteur's work on fermentation led to the perfection of bakers' yeast and revolutionized the baking industry. Today bakers' bread is manufactured scientifically and with assurance. Many people, however, continue to prefer salt-rising bread, which until recently was baked at home in the crude manner of former centuries. Salt-rising bread has a distinctive flavor and odor, and its food value per unit of volume is comparatively high. It is not made with yeast, but, for sufficient gas to raise the dough, depends on chance inoculation with gas-producing organisms that naturally reside in flour. The organisms vary with different lots of dough. Thus, failures to obtain good bread are not infrequent. There are now on the market products intended to insure an abundance of gas for baking salt-rising bread, and some of these—so-called "bread starters"—are practically cultures of gas-producing micro-organisms.

Kohman,¹ in 1917, reported the isolation of a bacillus from salt-rising bread which he predicted would have far-reaching results on the salt-rising bread industry. It was said to be an exact parallel of the discovery of yeast. Two-thirds of the gas formed by this organism was said to be hydrogen, the remainder carbon dioxide. It was a spore-bearing bacillus, which, it was stated, produced no alcohol, and which perished during the process of baking. "Hence," it was said, "salt-rising bread is as sterile as bread made with yeast." "Bread starters" have since been concocted which, it seems, are not

sterilized during the process of baking.

Recently, Koser² investigated a commercial "bread starter" which was advocated for the preparation of salt-rising bread, and found that it contained large numbers of *Bacillus welchii* (*B. aerogenes-capsulatus*). It was a coarse, white powder composed of starch and certain alkaline salts in addition to the bacilli. According to directions accompanying the product, it is added to boiling hot milk and kept over night in a warm place. It is then added to hot water and flour to prepare the "sponge," which is allowed to rise; then more hot water, flour and other ingredients are added to make the dough. This is molded into loaves and baked. The addition of this starter to milk results, after incubation over night, in a frothy mass which, Koser estimated, contained from 1,000,000 to 100,000,000 *B. welchii* organisms per gram. After the bread was baked, and, in fact, after it was placed on sale, the bacillus was recovered from the interior of the loaves. In samples as small as 0.01 gm., taken from the interior of loaves, *B. welchii* was found in eighty-five out of ninety-two samples examined. Larger samples of bread, 1 and 5 gram samples, gave uniformly positive results. In decided contrast to these findings were results obtained in the examination of ordinary yeast bread, in forty 5 gram samples of which only three showed the presence of *B. welchii*. Negative results were obtained in all of the 0.1 gram samples of yeast bread examined.

Guinea-pigs were injected in the thigh muscles with 1.0 c.c. of twenty-four hour cultures in beef infusion broth containing a piece of cooked meat. The guinea-pig receiving the "bread starter" culture became quite ill after twenty-four hours. Its entire thigh and flank became swollen and tender, an ulcer formed which eventually healed with a scar, and the hair over the affected portion fell out. The guinea-pig injected with the culture obtained from loaves of salt-rising bread became somewhat sick after twenty-four hours, the thigh and flank became swollen, an extensive scar formed over the

affected parts, and the hair was lost. Thus, it seems, the virulence of these organisms was not very high. Koser then prepared salt-rising bread by using a virulent strain of the Welch bacillus. He obtained a culture of the "Silverman" strain, which originally was isolated from a war wound, and substituted it in the "bread starter." The bread thus made compared favorably in texture and size with the bread prepared from the starter.

The association of the Welch bacillus with wound infections in man is well known. It has also been associated with acute intestinal disorders in connection with public water supplies. It is said, however, to be a common inhabitant of the intestinal tract of man, and to occur frequently in milk. Nevertheless, the use of an organism of this type in a commercial process would appear to be a questionable procedure. A safer course would be to employ in "bread starters" an organism which is, beyond question, harmless.—*Jour. A. M. A.*

1. Kohman, H. A.: Salt Rising Bread. *Sc. Am. Supp.* 84:212, 1917.

2. Koser, S. A.: *Bacillus Welchii* in Bread, *J. Infect. Dis.* 32:208 (March) 1923.

"HEALTH POSITIVE."

"Health is something positive, progressive, dynamic. It is not merely a vague and negative state of being which remains after active illness has subsided. It stabilizes and enriches life, and no effort is too great that helps to win it." This statement is found in the Foreword of the Handbook on Positive Health, issued by the Women's Foundation for Health, and expresses concisely the basis of the Foundation program. In fact the Foundation generally defines itself and its purpose as follows:

"To correlate the Health activities of National Women's organizations and to put on a program emphasizing the *positive* phase of health."

Each of the cooperating organizations is directly represented in the Foundation's House of Delegates by five members. This body meets each year in November for the discussion of policies, election of officers and

Board of Trustees, thus bringing into a fairly close correlation these organizations, and through their delegates establishing contact with the combined membership of 10,000,000 women. This machinery was set up in the fall of 1919, following a program for Health put on by the War Department for American women, to parallel the one put on for men throughout the training camps. It was found, in presenting this War Campaign, that women responded much more quickly and uniformly to a broadly constructive health-building program than to one centering alone on disease and its treatment. At the close of this campaign, in 1919, a six weeks' International Conference of Medical Women was held in New York City; leading club women were invited in for the concluding three days of the conference and the Women's Foundation for Health resulted.

It was immediately seen that the first step must be to educate the women of the country in positive health, and the second to arouse them to assume their own individual responsibility to attain it. In consequence the Positive Health Series, a common text was prepared in cooperation with the Council on Health and Public Instruction of the American Medical Association, and the Bureau of Social Education of the National Board of the Young Women's Christian Association. As the Foreword of the Series states: "At numerous points, the health education program outlined in this series of pamphlets, directs the individual toward trained medical assistance when that is needed, but the paramount aim of the Foundation is to awaken a personal ambition to achieve health." The names of E. V. McCollum, Walter B. Cannon, Wm. A. White, E. C. Lindeman, and Jessie Taft, as contributors to the Series, place it above the average in scientific accuracy. At the same time the Series may be easily read by the average person. The titles of the six pamphlets, listed below, correspond to the Chapter headings of the Handbook on Positive Health, which includes the material printed in the pamphlets:

Pamphlet No. 1—"The Newer Conception of Health."

Pamphlet No. 2—"The Individual and the Community."

Pamphlet No. 3—"Nutrition in Relation to Health and Efficiency."

Pamphlet No. 4—"Mental Health."

Pamphlet No. 5—"The Heritage of Life."

Pamphlet No. 6—"Recreation."

This Series came off the American Medical Association press last summer at about the time the Foundation set up its independent headquarters and staff and announced its program headed with these two objectives:

OBJECTIVES.

I. To establish the conviction that health is generally attainable through individual effort and responsibility.

II. To establish the conviction that mental health is as procurable as physical health.

To approach these objectives the Foundation advises health inventories followed by periodic examinations; correct daily health habits and exercises; education in food values; adequate knowledge of the process of reproduction; adaptation of recreation to individual need; adjustment of work and living conditions to the individual's physical and mental capacity.

Can this program be interpreted by the average community? There is no question but that it *can* be if the proper cooperation is developed in the community between the women's organizations interested in it and the members of the local medical profession. It will take both to bring about desired objectives. Women are already fairly alive to the possibilities of physical and mental development up to the limit of the individual's capacity. They have seen such development demonstrated through the effort to improve child health; they saw it done in the training camp through a well-regulated day; many of them know that approximately 80 per cent of the women about them who consider themselves well are really carrying around liabilities which could, in a vast majority of cases, become assets through the individual's own efforts. As the number of these who possess

this knowledge increases, public opinion is going to operate toward health examinations and all that is involved in the findings of that examination. The physician who finds himself ready to meet the demands thus set up is bound to have open to him an avenue of increasing opportunities; for the Foundation in no way belittles the necessary curative and preventive measures already forming the physician's practice, but instead, adds to that practice the practically new field of maintaining health. The physician who looks keenly into the difference between a disease-finding examination and a health examination, who assumes the responsibility of attending as seriously to the making of health as he does to the curing of disease, has promise of a usefulness and service unmeasured by his present days.

The result of such cooperation must, of necessity, be gratifying on both sides, for the number of those in a community who understand and demand "positive health" must be a measure of the intelligent support the physician will receive from that community; this increased support of the physician must, in its turn, be a strong factor in furthering all efforts toward community welfare, as a more intelligent interpretation of all laws relating to health must result from such cooperation and education.

VENTILATION.

To keep on living everybody must have sufficient air to breathe; and to keep on being healthy this air should be sufficiently pure and sufficiently moist and sufficiently cool, says the U. S. Public Health Service. By ventilation all these ends are sought to be attained.

In the open air, away from noxious gases, ventilation looks after itself; elsewhere, particularly in houses or in any closed spaces, it must be looked after. No matter how pure the air in such a space may be, anyone who enters it at once begins to pollute it with his breath; and it will ultimately become injurious to health unless it is renewed either by

natural means (such as the wind) or by artificial means.

Renewal is necessary because when "breathing in" one takes away something from the air (oxygen); and when "breathing out" one adds something to the air (carbon dioxide). Oxygen is taken from in-breathed air by the blood that circulates through the lungs and is carried away to help the food build up the body, keep it warm, and energize it—give it power to move. Oxygen constitutes about one-fifth of the air; and about one-half of that one-fifth is breathed out, unchanged, and may be breathed over again.

Carbon dioxide is part of the waste that is left over in the body when oxygen and food combine to build up the body, etc. It is picked up by the blood, carried to the lungs, and breathed out. It is poisonous and injures the body when it is breathed in again.

Rosenau estimates (1917) that to keep healthy a man weighing 160 pounds needs 2,400 cubic feet of fresh air every hour when resting; 3,200 when doing light work; and 6,100 when doing hard work. A woman weighing 120 pounds needs five-sixths as much; and a child weighing 80 pounds needs seven-twelfths as much.

Factories, churches, theatres, offices, etc., all need abundant supplies of fresh air. Factories need them most of all, for persons doing physical labor breathe faster than those who are sitting quietly; and most factories use more or less machinery, whose fires use up (burn) oxygen and release carbon dioxide faster than the breath of many men.

The simplest way of renewing used air by a supply of unused air is by opening the windows; but unless these are very carefully placed and supervised they seldom distribute the air evenly and they often cause persons in one part of a workroom to suffer from heat and bad air while those in other parts shiver and sneeze. Furthermore, in many factories the windows are constantly being obstructed by materials that are put there "temporarily" but are left there eternally. However, in these days the complaint committee of the workers

can usually be trusted to see to the removal of such things.

If natural ventilation is insufficient the best way to renew the air in factories is by the use of big electric fans so placed as to draw off the foul air, or to drive in the fresh air, or both.

Temperature and humidity (per cent of moisture in the air) are also closely associated with ventilation. The body heat given off by persons congregated in a workroom, church, theatre or other buildings raises the temperature and increases the moisture. When the temperature rises above 86 degrees Fahrenheit, and the humidity above 80 per cent they cause considerable discomfort; when they rise higher they cause suffering; and when they rise still higher they may cause heat-stroke. In winter, on the other hand, the heated air in buildings is usually too dry; often the humidity falls to 20 per cent, which is lower than that in a desert. Air as dry as this draws moisture from the skin and from the mucous membranes of the nose, throat, and mouth and irritates them. To be comfortable the humidity of a workroom should be about 50 per cent; and it would pay the plant manager to see that it is kept that high, for at 50 per cent less heat is necessary and coal is saved; a temperature of 62 degrees Fahrenheit is quite high enough if the work is active.

The ventilation of many factories and offices depends on factors over which the workers may have little control. At home, however, in their rooms they have fewer or no other persons to consider and may be able to insist on pure air, especially at night.

The idea that night air is unhealthy and must be shut out is a survival from the days when men barricaded themselves to keep enemies from stealing upon them under cover of darkness; it was reinforced later, before window screens were invented, when malaria-bearing mosquitoes entered by night through unclosed windows. Night air is exactly like day air; and neither of them is anything like so injurious as the air in a room whose windows are closed and whose door is probably

never opened all night long, no matter how many persons are breathing into it carbon dioxide—and rebreathing it—all night long.

If drafts upon the bed are feared they may be prevented by getting a piece of board about 12 inches wide and nearly as long as the window sash is wide. Raise the lower sash, slip the board in beneath it, and draw the sash down upon it. Outside air will travel upward between the two sashes and spill into the room over the top of the lower sash. This is nothing like so satisfactory as having the upper sash completely down, but it will do a lot for that sick, headachy feeling that you have had every morning on waking up.

For further information write to the Surgeon General, U. S. Public Health Service, Washington, D. C., for Reprint 729: Efficiency of various systems of air-conditioning, etc.

NEW AND NONOFFICIAL REMEDIES.

DIPHTHERIA TOXIN AND CONTROL FOR SCHICK TEST-P. D. & Co.—A diphtheria immunity test (New and Nonofficial Remedies, 1922, p. 320), marketed in packages containing one vial of 0.1 cc. of undiluted, standardized diphtheria toxin, one vial of 5 cc. of sterile physiologic solution of sodium chloride, one vial of 5 cc. of diluted control of Schick test and one sterile syringe point. Each package contains material sufficient for fifty doses. Parke, Davis & Co., Detroit, Mich. (*Jour. A. M. A.*, Feb. 17, 1923, p. 475.)

SCHICK TEST-LILLY.—A diphtheria immunity test (see New and Nonofficial Remedies, 1922, p. 320), marketed in packages containing one vial of diphtheria toxin sufficient for ten tests and a vial of sterile physiological solution of sodium chloride and in packages of ten vials containing toxin sufficient for one hundred tests accompanied by ten vials of sterile physiological solution of sodium chloride. As a control, the Schick test control, representing diphtheria toxin of the same lot treated to destroy the specific exotoxins, is supplied. Eli Lilly and Co., Indianapolis, Ind. (*Jour. A. M. A.*, Feb. 25, 1922, p. 553.)

PUBLISHER'S NOTE

AN IMPRESSIVE MARGIN OF SAFETY.

Dr. Hare says "any drug possessed of power has a toxic dose." It is possible to give too much of it. The practical question concerning all therapeutic agents is: "Is it efficient in non-toxic doses?" This question has been very carefully threshed out in the case of Mercurosal, the new mercurial offered by Parke, Davis & Co. Chemical tests of purity, to establish the uniformity of successive lots, are applied. But the manufacturers are not content with this. As in the case of Adrenalin, chemical tests are seconded and reinforced by physiologic tests. Rabbits and other animals are used for the test. Should an intravenous dose of 20 to 25 milligrams per kilo of body weight kill the animal, the drug is rejected, even though the chemical test may have shown it to be pure. On the animal test basis, the lethal dose for a man weighing 68 kilos, or 150 pounds, would be at least 1,300 milligrams (1.3 gm.), *thirteen times the recommended intravenous*

dose. The practical safety of Mercurosal in the recommended dose seems therefore to be assured. As to the efficiency of this dose, the clinic alone can furnish the necessary data, and we understand that the manufacturers have reprinted some illuminating clinical papers on this subject.

FLORIDA STATE BOARD OF HEALTH.

JACKSONVILLE, FLORIDA.

Opening for a young physician in a rapidly developing locality. No other physician within sixty miles. Developing company will pay \$60.00 a month, supply board and lodging in hotel, and pay, in addition, for first-aid fees, and will permit private practice among the people not employed by the company. Splendid opportunity for a young man to make quick money. Physician applying must have hospital training and be capable of emergency surgery.

Further information from Col. Raymond C. Turck, State Health Officer, Jacksonville, Florida.



Hillcrest Manor

ASHEVILLE, N. C.

"In the Land of the Sky"



LOUIS E. BISCH, M. D., PH. D.
(Resident Medical Director)

Devoted to the scientific Treatment of Organic and Functional Nervous Diseases.

A thorough, detailed, individual examination and study made of each patient. All the latest methods of psychotherapy employed—including psychoanalysis and endocrine treatment. Trained, graduate nursing—large, airy, cheerful rooms—the seclusiveness of one hundred acres of wooded hills with lawns, orchards and vineyards—wholesome food, cooked under supervision of a dietitian—a congenial, restful atmosphere in two up-to-date buildings—air, water, climate and scenery unsurpassed. Two resident physicians. Admissions limited to twenty-three. Correspondence solicited.

Patients are Examined for Admission to Hillcrest Manor at the City Offices:
SUITE 206-208 HAYWOOD BUILDING, ASHEVILLE, N. C.

(The insane, drug or alcoholic cases, the tubercular and contagious diseases are absolutely not admitted)

THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION

PUBLISHED MONTHLY

Volume IX

St. Augustine and Jacksonville, Florida, June, 1923

Number 12

ORIGINAL ARTICLES

PRESIDENT'S ADDRESS.*

L. M. ANDERSON, M. D.,
Lake City, Fla.

Fifty years ago the Florida Medical Association came into being in this city and it is altogether fitting and proper that we should celebrate this, its fiftieth anniversary in Jacksonville, the scene of its inception. I am proud to have been a member for over a quarter of a century.

Those pioneers who laid the foundation for our organization a half century ago builded better than they knew; and while they have passed to the great beyond, yet they have left behind a monument which, I hope, will endure long after you and I have passed away. It is for us, the living, to perpetuate this monument and at the same time adapt it to the new era into which we have emerged.

The saddlebag days of the founders of this organization have given place to the automobile days. Many changes have come to us during this eventful period. With these changes new problems and added responsibilities confront us. The day of individualism in medicine is passing; each today is merely a unit or cog in a highly socialized and organized profession, and we must watch our steps or we will go to extremes.

We have group medicine, public health service, child welfare work, with its many branches and ramifications, boards of health—national, state, county, city, etc. We must first educate ourselves thoroughly to the new order of things, and then turn our attention to the education of the layman.

As the outgrowth of the Great War, we have had thrust upon us the responsibility of

spending approximately one-third of the total taxes collected by our national government.

It is we who must determine what compensation and hospitalization is due our ex-service men, disabled in line of duty or as a result therefrom. This is a great responsibility which we should be adequately prepared to meet. We must be fair to the ex-service men and at the same time fair to our government as well.

We must play a more prominent role in legislation, not only of local but of State and National character, affecting the health of our people; and while ours is a non-political organization, yet more physicians should be numbered among our legislators and congressmen to guide legislation pertaining to the public health.

Governor Smith, of New York, on the 26th of February of this year, set a precedent which, if followed consistently, promises much good along these lines. Calling together a number of the members of the New York Medical Society, he requested their advice and constructive recommendations as to needful measures along health lines for presentation to the legislature.

Our own Governor Hardee has during his administration conferred with members of this association, seeking their council in matters and measures proposed pertaining to public health. His policy along this line has been most commendable and broad-minded.

I would like, at this time, to say a few words concerning our own association. It is and will ever continue to be just what, as members, we make it. The county medical society is the unit and foundation upon which all other medical societies are based. Its ideals should be of the highest and the mem-

*President's address delivered before the Fiftieth Annual Meeting of the Florida Medical Association, at Jacksonville, May 15-16, 1923.

bership make its influence a potent factor in the health administration of the county.

How shall we make our county organizations more effective? How about a full-time secretary and organizer with a definite program of work outlined by the councillors—a man capable of coordinating the work of all; helping the local organizations and, whenever the opportunity permits, talking to the laymen themselves under the auspices of the county society? See that the local societies, from time to time, appoint one of their number to present matters of health in the schools and other public institutions when the opportunity is presented. Have these talks in the schools at regular intervals, presented in an organized, effective manner so that the children will not forget; for in the last analysis our salvation lies in the education of our boys and girls, for they are the men and women of tomorrow.

We need a closer relationship with the Public Health Service physician. Every medical society should have a section devoted to this service and, if possible, a physician as head of this branch, who is connected with the Public Health Service. Some societies have already embodied this feature in their organization.

We need fewer organizations and better organization. We have too many of all kinds, civic, fraternal, religious, and medical. Group all our various medical societies under one head, coordinate their work in a constructive program, and it will be far more effective.

Much advancement in public hygiene and sanitation throughout Florida is directly traceable to this association. Our State Board of Health, founded in 1889 (and there is none better), was badly crippled as a result of the false economy practiced by our last legislature in cutting the appropriation, and at a time when funds were most vitally needed. It is to be hoped that this legislature will appreciate the vision and sufficiently endow our Board of Health with funds that it may carry out its program untrammelled during the ensuing two years. It might not be amiss

for us as a body to petition our legislators to carefully consider the needs of this great agency, safeguarding the health and lives of the people of our commonwealth.

I do not wish to be misunderstood to mean that we have not as physicians done our full duty, and, while I am in nowise criticizing, let us be diligent, let us keep in the foreground our duty of educating the laymen, take them into our confidence and remove that mysterious veil which has stood between the doctors and the people, at the same time eliminating the ungodly spread of legalized quackery and faddism which have become a public menace.

Thanking you for your attention, I will close with this little prayer taken from *American Medicine*:

"Help me to learn;
And find myself each day,
A little nearer to the truth,
A little further on my way.
Let me be kind;
And give me, too, the power
To conquer self—and all the doubts
That rise from hour to hour.
Let me be strong;
When problems try my soul
To see the right and do the right,
With honesty my goal.
And when at last
My days draw to an end,
I ask no epitaph but this,
'He was a faithful friend'."

PROCEEDINGS OF THE FIFTIETH ANNUAL MEETING OF THE FLORIDA MEDICAL ASSOCIATION, HELD IN JACKSONVILLE, FLORIDA, MAY 15 AND 16, 1923.

The Fiftieth Annual Meeting of the Florida Medical Association was called to order by Dr. W. L. Hughlett, a member of the Executive Committee and a Past-President of the Association. He introduced the Rev. Melville E. Johnson, who delivered the invocation prayer. Dr. Robert B. McIver, chairman of the Local Committee on Ar-

rangements, announced the entertainment features that had been provided for the visiting members and their wives.

The following reports were then read and, upon motion duly seconded and carried, were received as information:

REPORT OF THE SECRETARY-EDITOR.

To the President and Members of the Florida Medical Association:

GENTLEMEN—The larger county societies representing component units of the Florida Medical Association are all in a prosperous condition as indicated by their membership reports. A goodly number of the smaller organizations, while keeping up their interest in organized medicine, are naturally more or less handicapped by the limits of their membership. Many are so geographically located that an organization is maintained for the purpose of remaining actively identified with the State Association and retaining their membership in the Southern Medical Association and Fellowship in the American Medical Association.

A matter of interest is the organization of Presidents and Secretaries of State Associations and State Health Officers of those states within the jurisdiction of the Southern Medical Association which was effected at the last annual meeting of the Southern Medical Association. It is anticipated that a meeting of this organization will be one of the permanent features of the annual meetings of the Southern Medical Association.

It is believed that this organization will be of considerable benefit to organized medicine throughout the South and that all State Associations profit thereby.

It is believed by the writer that it would not be amiss to invite the attention of our membership to an editorial published in the January issue of THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION over the signature of Doctor R. H. McGinnis, pertaining to that splendid organization, the Southern Medical Association, which in the past has done so much for the Southern medical profession. A representative of the Association is with us during our Jubilee meeting and no member of this Association will make a mistake by following the advice of Doctor McGinnis, who writes: "Every member of the Florida Medical Association should be a member of the Southern Medical Association."

The Association has now published its own Journal for nine years, there being at the present time thirty-three state-owned Journals. A uniformity in size for the convenience of advertisers was advocated by the Co-operative Medical Advertising Bureau operating under the auspices of the American Medical Association, some several years ago, which resulted in state-owned Journals publishing two sizes, instead of the conglomeration that was being used only a few years ago. The two sizes are the smaller, such as we have published, of 5x8, and the larger 6x9. The states now publishing the smaller Journal are Maine, New Jersey, Oklahoma, South Carolina, Arizona, West Virginia and Florida. With the increased advertising patronage that we are now receiving, together with the growth and development of the Florida Railway Surgeons' Association, it is anticipated that the available funds together with the necessary material for publication will enable this Association to adopt the larger-

sized Journal with the beginning of the next volume.

With the establishment of the Journal in 1914, the spirit of enthusiasm prompted many of our members to materially assist in securing subject matter for publication and in many other ways to assist in the publishing of our state organ. It is probably only natural that as the years passed on this initial enthusiasm died away, so that it is indeed hard to get anyone to give his time to the work. This statement is made without the suggestion of criticism of any individual or group. It is believed, however, that a scheme has been worked out by the undersigned with the view of securing reports from the various county secretaries, at least of the larger sections, with the demanding of a minimum of time from any single individual member. The matter has been discussed with some of the county secretaries and those that have been seen believe the scheme feasible and practical. I will not take up the time of the Association in going into details, as future numbers of the Journal will show how successful we may be.

A financial statement of the Journal is appended and made a part of this report.

All of which is submitted.

GRAHAM E. HENSON,
Secretary-Editor.

FINANCIAL STATEMENT OF THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION.

Resources.

Balance cash on hand last annual report..	\$ 454.20
Earnings from advertising pages.....	1,176.12
Furniture	96.66
Cash from Florida Medical Association..	1,200.00
	<hr/>
	\$2,926.98

Disbursements.

Expenses as per vouchers	
attached	\$2,394.72
Commissions	120.31
Discounts	24.07
	<hr/>
	\$2,539.10

Assets.

Furniture	\$ 96.66
Cash on hand	291.22
	<hr/>
	\$2,926.98

GRAHAM E. HENSON,
Secretary-Editor.

TREASURER'S REPORT FOR 1923.

To the President and Members of the Florida Medical Association.

GENTLEMEN—The following is an accounting of the funds of the Florida Medical Association for the current fiscal year:

Balance on hand last Annual Report.....	\$ 214.59
Back dues collected during year.....	275.00
Dues collected current year	1,500.00
	<hr/>
	\$1,989.59

Expenditures as per vouchers	
attached	\$1,956.67
Balance on hand.....	32.92
	<hr/>
	\$1,989.59

GRAHAM E. HENSON,
Treasurer.

The President appointed Drs. E. W. Warren, of Palatka, Fla., and E. B. Milam, of Jacksonville, Fla., a committee to audit the reports of the Secretary-Editor and Treasurer.

The President then delivered his Annual Address,* upon the completion of which Dr. Ralph N. Greene moved that the incoming President appoint a committee of two to report on the recommendations contained in the President's address. The motion was duly seconded and carried.

A motion offered by Dr. Graham E. Henson, duly seconded and carried, provided that the roll call of Past Presidents of the Florida Medical Association be made a special order of business for 12 noon.

The General Association then adjourned subject to the call of the President. The Scientific Assembly was then called to order by Dr. John E. Boyd, of Jacksonville, the following papers being read and discussed:

"Safeguarding Prostatectomy," John C. Vinson, M. D. Discussed by Robert McIver, H. H. Peyton and Louie Bisch.

"Medical and Surgical Attention Directed Toward Duodenal and Gastric Ulcer," P. C. Perry, M. D. and H. L. Brillhart, M. D. Discussed by L. W. Cunningham, John E. Boyd, Henry E. Dozier, H. S. McEwan, E. H. Teeter, J. C. Nowling, Frederick Waas, T. Z. Cason, W. M. Shaw, J. K. Simpson, and Jack Halton.

"Radium and Radium Therapy," J. C. Marshall, M. D. Read by title and ordered printed in the Journal of the Florida Medical Association.

"Ectopic Beats, Their Significance and Treatment," E. W. Bitzer, M. D.

"The Diarrhea of Infancy," F. Clifton Moor, M. D. Discussed by James H. Fellows, James V. Freeman, Mary Freeman, C. D. Christ, R. W. Harkness, Henry E. Palmer, W. P. Adamson, David Rose, John C. Vinson, James D. Love and Wm. E. Ross.

The Scientific Assembly at this point adjourned for lunch to reconvene at 2 p. m.

The President took the chair at 12 noon, calling the General Association to order and announced that the Secretary would call the roll of Past Presidents of the Association. The roll was called as follows:

PAST PRESIDENTS.

1890—Dr. R. P. Gary§	Ocala
1891—Dr. J. Harris Pierpont*	Pensacola
1892—Dr. Sheldon Stringer§	Brooksville
1893—Dr. R. A. Lancaster§	Gainesville
1894—Dr. J. A. Rush§	Apalachicola
1895—Dr. R. P. Daniel§	Jacksonville
1886—Dr. Jos. Y. Porter*	Key West
1897—Dr. H. K. DuBoise†	Port Orange
1898—Dr. R. B. Burroughs§	Jacksonville
1899—Dr. R. P. Izlar§	
1900—Dr. J. Harrison Hodges*	Gainesville
1901—Dr. W. H. Hughlett*	Cocoa
1902—Dr. J. Harris Pierpont*	Pensacola
1903—Dr. J. Harris Pierpont*	Pensacola
1904—Dr. DeWitt Webb§	St. Augustine
1905—Dr. E. N. Liell*	Jacksonville
1906—Dr. J. M. Jackson†	Miami
1907—Dr. John MacDiarmid§	DeLand
1908—Dr. W. P. Lawrence§	Tampa
1909—Dr. J. F. McKinistry§	Gainesville
1910—Dr. Henry E. Palmer*	Tallahassee
1911—Dr. J. D. Love*	Jacksonville
1912—Dr. A. H. Freeman*	Starke
1913—Dr. John S. Helms†	Tampa
1914—Dr. P. C. Perry*	Jacksonville
1915—Dr. F. C. Moor*	Tallahassee
1916—Dr. R. H. McGinnist†	Jacksonville
1917—Dr. E. W. Warren†	Palatka
1918—Dr. Ralph N. Greene*	Jacksonville
1919—Dr. F. J. Walters†	San Mesa, Cal.
1920—Dr. Wm. E. Ross*	Jacksonville
1921—Dr. W. P. Adamson*	Tampa
1922—Dr. S. M. R. Kennedy†	Pensacola

§—Deceased.

*—Responded with brief address.

†—Unable to be present at roll call.

A general discussion relative to the history of the Association followed, culminating in Dr. Joseph Y. Porter, of Key West, being requested to prepare a history of the Association for publication in THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION.

Upon motion, duly seconded, the Association adjourned.

The Scientific Assembly was called to order by Dr. John E. Boyd, at 2 p. m., the following papers being read and discussed:

"Non-Surgical Drainage of the Bile Channels: a Preliminary Report of the Use of the Duodenal Tube as a Diagnostic and Therapeutic Agent in Chronic Biliary Disease," Ernest B. Milam, M. D. The paper was discussed by T. Z. Cason.

The Chair announced at this point that consent was requested for Dr. H. M. Taylor to present some lantern slides showing cases of stricture of the œsophagus as a result of potash poisoning.

*Published on page 192 of this issue.

Unanimous consent was given and the pictures shown with a brief talk by Dr. Taylor. The following motion was then unanimously carried:

Moved, that the legislature be memorialized to pass a law regulating the sale of caustic acid, caustic alkalies, and preparations thereof, and mineral or chemical salts intended for household use, including preparations ordinarily described as or called "lye," and providing penalties for the violation thereof.

"Dermatitis Venenata," J. L. Kirby-Smith, M. D. The paper was discussed by T. M. Rivers.

The following papers were read by title and ordered printed in the Journal of the Florida Medical Association:

"Non-Surgical Drainage of the Biliary Tract," J. B. Wallace, M. D.

"Foreign Bodies in the Rectum and Colon," T. R. Griffin, M. D.

"Endarteritis Obliterans, Etiology, Symptomatology, Surgical Treatment," Frederick Waas, M. D. Discussed by E. H. Teeter, C. D. Christ, Robert Ferguson and John Black.

Dr. Graham E. Henson, Secretary of the Association, at this point stated that he had been in conference with the President of the Association who stated that he had no business to bring before the House of Delegates, and that insofar as he knew there was no business to come before the House of Delegates, offering the following motion:

That the meeting of the House of Delegates scheduled to meet at 5 p. m. be dispensed with and that the Scientific Assembly proceed with their scientific program. The motion was duly seconded and carried unanimously.

"Congenital Clubfeet," J. Knox Simpson, M. D. Discussed by Edward Jelks and John W. Alsobrook.

"Report of 350 Cases of Appendicitis from Riverside Hospital," Edward Jelks, M. D. Discussed by L. F. Carlton, E. H. Teeter, Robert Harkness and Harry Peyton.

"Treatment of Intestinal Obstruction," E. H. Teeter, M. D.

The Scientific Assembly, upon motion, adjourned to meet the following morning at 9 a. m.

WEDNESDAY, MAY 16TH, 9 A. M.

Dr. John E. Boyd called the Scientific Assembly to order at 9 a. m., the following papers being read and discussed:

"Endometritis," W. M. Rowlett, M. D. Discussed by L. S. Oppenheimer and Gerry R. Holden.

"The Immediate Effect of Radium Treatment Upon the Symptoms of Uterine Cancer," Gerry R. Holden, M. D. Discussed by E. H. Teeter and Wm. M. Rowlett.

"The Value of Prompt Microscopic Examination of Uterine Scrapings," J. H. Hartman, M. D. Read by title and ordered published in THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION.

"The Mechanics of Pelvic Repair," T. S. Field, M. D. Discussed by Robert M. Iver.

"The Study of the Mechanical and Chemical Properties of the Sandspur from the Standpoint of the Endoscopist and Some Observations on Its Clinical Manifestations in the Larynx," H. Marshall Taylor, M. D. Paper was discussed by A. K. Wilson, C. D. Christ, E. H. Teeter, Mary Freeman, A. H. Freeman and L. C. Ingram.

"Glaucoma Simplex," W. Herbert Adams, M. D.

"Some Eye Complications Observed in Dengue Fever," Shaler Richardson, M. D. Discussed by A. K. Wilson, B. H. Hodgkin, C. Washburn, W. Herbert Adams.

"Cardio-Vascular Troubles, With Some Suggestions as to Treatment and Prevention," W. L. Hughlett, M. D. Paper was discussed by Dr. Mary Freeman.

A motion prevailed making the papers of Dr. James E. Paulin, of Atlanta, Ga., and Louis Bisch, of Asheville, N. C., a special order of business for 2 p. m.

"Vincent's Angina," T. A. Neal. Paper was discussed by Henry Gates, W. S. McDonald and A. H. Freeman.

The Scientific Assembly adjourned to reconvene at 2 p. m.

The General Assembly was called to order by the President at 12 noon for the election of officers. The President called for nomina-

tions for the office of President. Dr. John C. Vinson placed in nomination the name of Dr. H. Marshall Taylor, of Jacksonville, Fla. The nomination was duly seconded by Dr. W. H. Hughlett.

Upon motion duly seconded, nominations were ordered closed and there being but one nominee, the Secretary was directed to cast the ballot of the Association of Dr. H. Marshall Taylor. The Secretary cast the ballot and Dr. Taylor was declared President of the Florida Medical Association. The President named a committee of Drs. John C. Vinson and W. H. Hughlett to escort the newly elected President to the chair. Dr. H. Marshall Taylor, upon assuming the chair, thanked the Association for the honor conferred upon him and expressed the hope that organized medicine might make rapid strides during the period of his incumbency. The chair recognized Dr. Ralph N. Greene, who presented the retiring President with a Past President's button.

Nominations being called for First Vice-President, Dr. John S. McEwan, of Orlando, Fla.; Dr. John C. Vinson, of Tampa, Fla., and Dr. L. H. Oppenheimer, of Tampa, Fla., were placed in nomination. Upon the spread of the ballot Dr. J. C. Vinson received the majority of the votes cast and was declared elected First Vice-President of the Association.

The election of Dr. R. F. Goddard, of Quincy, Fla., as Second Vice-President and Dr. Robert B. McIver, of Jacksonville, Fla., as Third Vice-President followed.

The following Councilors were elected for a term of four years:

J. H. Fellows, representing the First District.

H. C. Dozier, representing the Fifth District.

S. D. Price, representing the Eighth District.

R. L. Cline, representing the Fourth District.

Orlando, Fla., and St. Petersburg, Fla., asked to entertain the Association at its next annual meeting, and upon ballot Orlando

was chosen for next place of meeting, the date to be set by the Executive Committee.

The following communications were read by the Secretary.

PHILADELPHIA, PA., May 15, 1923.

Dr. Graham E. Henson, St. James Building, Jacksonville, Fla.:

Please express my sincere regrets at my inability to be present at this meeting of the Association. My sincere wishes go out to you for a most successful meeting. I will be with you in thought.

DR. JOHN S. HELMS.

BIRMINGHAM, ALA., May 15, 1923.

Florida State Medical Association, in Annual Session Assembled, Seminole Hotel, Jacksonville:

Greetings. We hope you are having a successful meeting.

SOUTHERN MEDICAL ASSOCIATION.

A communication was read by the Secretary from Dr. Stuart McGuire, of Richmond, stating that illness prevented his attendance.

The Secretary, upon motion duly seconded and carried, was authorized to send Dr. McGuire a telegram expressing regret over his illness and wishing for him a speedy convalescence.

Upon motion duly seconded the Association adjourned *sine die*.

Dr. John E. Boyd called the Scientific Assembly to order at 2 p. m., the following papers being read and discussed:

"Insulin in the Treatment of Diabetes Mellitus," James E. Paullin, M. D. Paper was discussed by H. M. Bowcock, Graham E. Henson and H. H. Harris.

"What Is Nervousness," Louis E. Bisch, M. D. Paper was discussed by H. Mason Smith, J. D. Folmar, W. H. Spiers, G. H. Benton and Ralph N. Greene.

Dr. Ralph N. Greene's paper was made a special order of business for 2.30 p. m., owing to the fact that he had a number of cases to present with the paper who were individuals from outside of the city. Dr. Greene's paper was discussed by Drs. H. Mason Smith, T. A. Neal, Louie Bisch, W. L. Hughlett, G. H. Benton, J. D. Folmar and W. H. Spiers.

On account of the large number of papers on the program, sufficient time not being available for the essayist to present them, a motion was made that they be read by title

and be given preference in the matter of publication in THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION. These papers included:

"The Chronic Nasal Catarrhs, Their Cause and Cure," A. H. Freeman, M. D.

"Heredo Familial Cerebellar Syndrome," H. Mason Smith, M. D.

"Some Special Diagnostic Studies," T. Z. Cason, M. D.

"Carbon-Tetrachloride in the Treatment of Hookworm Disease," James D. Love, M. D.

"Obscure Abdominal Symptoms," Julian Gammon, M. D.

"Superstitions of Medicine," Roscoe H. Carleton, M. D.

"Yellow Fever Campaign in Peru," Henry Hanson, M. D.

"Obstetrical Anesthesia, Why and How," C. D. Rollins, M. D.

"The Victories of the Disabilities," L. S. Oppenheimer, M. D.

"Research on Tobacco," J. T. Denton, M. D.

"Diphtheria Control," B. L. Arms, M. D.

"Tuberculosis of Mesenteric Glands," James L. Parramore, M. D.

"Fear: Does the Modern Physician Allow and Encourage the Light of Science in Its Entirety or Only in Part to Influence His Attitude Towards and His Understanding of Same?" Robert A. Hicks, M. D.

Upon motion duly seconded and carried, the Scientific Assembly adjourned *sine die*.

REGISTRATION.

The following members registered during the Fiftieth Annual Meeting of the Florida Medical Association:

L. M. Anderson, M. D. Lake City
H. M. Taylor, M. D. Jacksonville
J. L. Kirby-Smith, M. D. Jacksonville
L. F. Carlton, M. D. Tampa
Graham E. Henson, M. D. Jacksonville
Frederick Bowen, M. D. Jacksonville
B. M. Manhoff, M. D. Jacksonville
Robt. B. McIver, M. D. Jacksonville
Thos. C. Croft, M. D. Jacksonville
Ralph Greene, M. D. Jacksonville
S. E. Driskell, M. D. Jacksonville
Allen F. Higgins, M. D. Tampa
Luke Holloway, M. D. Jacksonville

F. A. Copp, M. D. Jacksonville
Joseph E. Porter, M. D. Key West
H. G. Murphy, M. D. Mulberry
Samuel Aronovitz, M. D. Jacksonville
W. Hubert Adams, M. D. Jacksonville
Horald D. Van Schaick, M. D. Jacksonville
S. P. Getzer, M. D. Mulberry
Louie Limbrough, M. D. Jacksonville
W. W. McDonnell, M. D. Jacksonville
John E. Boyd, M. D. Jacksonville
J. W. McCartney, M. D. Miami
R. B. Harkness, M. D. Lake City
T. S. Field, M. D. Jacksonville
G. H. Benton, M. D. Miami
E. B. Milam, M. D. Jacksonville
J. B. Leffingwell, M. D. Bradentown
Jos. Halton, M. D. Sarasota
Jack Halton, M. D. Sarasota
L. S. Oppenheimer, M. D. Tampa
J. S. McEwan, M. D. Orlando
J. H. Pittman, M. D. Jacksonville
W. L. Hughlett, M. D. Cocoa
J. C. Davis, M. D. Quincy
Henry C. Dozier, M. D. Ocala
S. C. Wood, M. D. Wabasso
W. E. Warren, M. D. Palatka
H. M. Strickland, M. D. Live Oak
B. F. Hodsdon, M. D. Miami
Geo. W. Holmes, M. D. Sharps
J. F. Wilson, M. D. Lakeland
J. E. Maines, M. D. Lake Butler
R. F. Godard, M. D. Quincy
Mary Freeman, M. D. Perrine
G. W. Potter, M. D. St. Augustine
T. M. Rivers, M. D. Kissimmee
Gerry R. Holden, M. D. Jacksonville
W. C. Young, M. D. Chiefland
F. Richards, M. D. Jacksonville
Henry E. Palmer, M. D. Tallahassee
Scottie Edwards, M. D. Ft. Lauderdale
H. A. Lovett, M. D. Miami
H. D. Clark, M. D. Fort Pierce
Robt. L. Harris, M. D. Jacksonville
G. R. Creekmore, M. D. Brooksville
Herman L. Harris, M. D. Jacksonville
I. F. Bean, M. D. Melbourne
J. Harris Pierpont, M. D. Pensacola
W. C. Chowning, M. D. New Smyrna
A. C. Knight, M. D. Jacksonville
David Rose, M. D. Sebastian
W. D. Brinson, M. D. Baldwin
Edward Jelks, M. D. Jacksonville
J. B. Davis, M. D. Daytona
Frederick A. Grossman, M. D. Vero
L. L. Andrews, M. D. Orlando
G. C. Tillman, M. D. Gainesville
Walter C. Page, M. D. Cocoa
Harry A. Peyton, M. D. Jacksonville
Albert H. Freeman, M. D. Jacksonville
P. C. Perry, M. D. Jacksonville
D. F. Harkwell, M. D. Jacksonville
F. B. Ennis, M. D. Jacksonville
F. J. Waas, M. D. Jacksonville
Russell H. Dean, M. D. Jacksonville
V. H. Gwinn, M. D. Jacksonville
Robert H. Hicks, M. D. Jacksonville
Geo. M. Mitchell, M. D. Jacksonville
E. T. Sellers, M. D. Jacksonville
W. Y. Manning, M. D. Jacksonville
R. H. Teeter, M. D. Jacksonville
C. K. Wilcox, M. D. Jacksonville
James D. Pasco, M. D. Jacksonville
B. A. Chapman, M. D. Jacksonville

Edgar Peters, M. D.	Miami	F. Clifton Moor, M. D.	Tallahassee
Walter C. Joseph, M. D.	Miami	R. B. Gillespie, M. D.	Lake City
A. S. Hawkins, M. D.	Clearmont	R. H. McGinnis, M. D.	Jacksonville
A. E. Acker, M. D.	Jacksonville	M. B. Herlong, M. D.	Jacksonville
W. M. Shaw, M. D.	Jacksonville	T. H. Bates, M. D.	Lake City
G. F. Oetjen, M. D.	Jacksonville	Thos. S. Adams, M. D.	Jacksonville
Norman M. Heggie, M. D.	Jacksonville	E. D. French, M. D.	Jacksonville
Shaler Richardson, M. D.	Jacksonville	C. C. Colling, M. D.	Jacksonville
F. Schoeck	Atlanta	J. B. Black, M. D.	Jacksonville
J. C. Nowling, M. D.	Milton	N. A. Upchurch, M. D.	Jacksonville
C. M. Tyre, M. D.	High Springs	A. D. Stollenwerck, M. D.	Jacksonville
W. C. White, M. D.	Live Oak	F. C. Keisling, M. D.	Jacksonville
J. K. Simpson, M. D.	Jacksonville	Stanley Evins, M. D.	Jacksonville
W. R. Schmauss, M. D.	Jacksonville	W. G. Harris, M. D.	Jacksonville
J. E. Crump, M. D.	Winter Haven	J. H. Hodges, M. D.	Gainesville
Jas. H. Hartman, M. D.	Jacksonville	H. Foxworth Horne, M. D.	Jacksonville
T. Z. Cason, M. D.	Jacksonville	Burdette Smith, M. D.	Tampa
C. D. Christ, M. D.	Orlando	Jas. D. Love, M. D.	Jacksonville
H. Mason Smith, M. D.	Tampa	R. L. Cline, M. D.	Lakeland
W. H. Spiers, M. D.	Orlando	H. P. Bivins, M. D.	Arcadia
Hewitt Johnston, M. D.	Orlando	J. L. Chalker, M. D.	Raiford
S. D. Rice, M. D.	Gainesville	F. G. Barfield, M. D.	Jacksonville
J. D. Watkins, M. D.	Micanopy	H. A. Ives, M. D.	Jacksonville
R. R. Duke, M. D.	Tampa	Clarence D. Rollins, M. D.	Jacksonville
J. T. Denton, M. D.	Sanford	Jas. B. Parramore, M. D.	Jacksonville
L. F. Carlton, M. D.	Tampa	Theo. G. Croft, M. D.	Jacksonville
Davis Foster, M. D.	New Smyrna	Wm. E. Ross, M. D.	Jacksonville
J. C. Vinson, M. D.	Tampa	Alfred C. McKenzie, M. D.	Jacksonville
William J. Calvin, M. D.	Eustis	Orlando S. Clayatt, M. D.	Trenton
Geo. O. Davis, M. D.	Madison	Neil Alford, M. D.	Jacksonville
J. C. Dickinson, M. D.	Tampa	Julian Gammon, M. D.	Jacksonville
L. S. Anderson, M. D.	Live Oak	E. L. Carefoot, M. D.	Jacksonville
B. L. Padgett, M. D.	Hastings	A. J. Julian, M. D.	Jacksonville
Earl L. Biggs, M. D.	Starke	C. M. Sandusky, M. D.	Jacksonville
A. Q. English, M. D.	Palmetto	Banks H. Goodale, M. D.	Jacksonville
F. M. McDuffee, M. D.	Manatee	Wm. F. Roseborough, M. D.	Micanopy
M. M. Harrison, M. D.	Palmetto	Thos. C. Thompson, M. D.	Jacksonville
T. A. Neal, M. D.	Orlando	S. M. Copeland, M. D.	Jacksonville
J. M. Irwin, M. D.	St. Augustine	Henry Hanson, M. D.	Jacksonville
Louis E. Birch, M. D.	Asheville, N. C.	R. Leffers, M. D.	Lakeland
V. A. Peterson, M. D.	Jacksonville	C. W. Love, M. D.	Lakeland
J. L. Weeks, M. D.	Perry	W. P. Adamson, M. D.	Tampa
B. L. Arms, M. D.	Jacksonville	E. Luther Stevens, M. D.	St. Augustine
James V. Freeman, M. D.	Jacksonville	L. L. Bunker, M. D.	Fernandina
D. T. Smith, M. D.	Gainesville	H. W. Counts, M. D.	Jacksonville
Sheldon Stringer, M. D.	Tampa	Hiram Bird, M. D.	Ocala
Anne Young, M. D.	Tallahassee	V. A. Guyer, M. D.	Jacksonville
J. W. Alsobrook, M. D.	Jacksonville	O. K. Wilson, M. D.	Jacksonville
J. C. Knight, M. D.	Plant City	A. W. S. Johnson, M. D.	Tampa
O. O. Feaster, M. D.	St. Petersburg	Gaston Day, M. D.	Jacksonville
R. W. Brown, M. D.	Lake City	Theo. W. Blinn, M. D.	Jacksonville
Jno. B. Seeds, M. D.	Miami	J. J. Spencer, M. D.	St. Augustine
H. Gates, M. D.	Bradentown	Geo. W. Kennedy, M. D.	Mandarin
W. H. Nobles, M. D.	Lakeland	Albert H. Wilkerson, M. D.	Jacksonville
R. H. Knowlton, M. D.	St. Petersburg	M. C. Berry, M. D.	Jacksonville
B. F. Woolsey, M. D.	Jacksonville	Henry L. Parramore, M. D.	Jacksonville
R. W. Blackman, M. D.	Jacksonville	P. C. Farrell, M. D.	Lake City
W. E. Van Landingham, M. D.	West Palm Beach	Marvis Smith, M. D.	Jacksonville
Wm. M. Lovett, M. D.	Tampa	Chas. B. Mabry, M. D.	Jacksonville
E. W. Bitzer, M. D.	Tampa	Clayton Washburn, M. D.	Jacksonville
Joe Taylor, M. D.	Tampa	Robert W. Baker, M. D.	Jacksonville
J. M. Anderson, M. D.	Alton	Robt. Y. H. Thomas, M. D.	Jacksonville
W. M. Ives, M. D.	Lake City	Frederic Roashe, M. D.	Miami Beach
S. A. Morris, M. D.	Jacksonville	E. W. Lord, M. D.	Crescent City
L. W. Cunningham, M. D.	Jacksonville	W. L. Tillis, M. D.	Jacksonville
J. H. Fellows, M. D.	Pensacola	W. T. Langley, M. D.	Sanford
J. H. Carter, M. D.	Miami	A. C. Hamlin, M. D.	Tampa
J. O. Folcum, M. D.	Chattahoochee	J. N. Fogarty, M. D.	St. Augustine
R. D. Furguson, M. D.	Titusville	Jas. E. Lovett, M. D.	Jacksonville
Harper L. Proctor, M. D.	Jacksonville	L. C. Ingram, M. D.	Orlando
H. L. Brillhart, M. D.	Jacksonville	T. G. Simmons, M. D.	Oviedo
F. C. Jones, M. D.	Jacksonville	Eustace Long, M. D.	Madison
M. M. Hannon, M. D.	Eustis	D. Byrd McMullen, M. D.	Clearwater

Lyman G. Haskell, M. D.....	Auburndale
C. T. Skipper, M. D.....	Jacksonville
J. H. Walters, M. D.....	Ocala
A. D. Young, M. D.....	Lake City
W. H. Gillette, M. D.....	U. S.
C. J. Lewis, M. D.....	South Jacksonville
J. E. Paullin.....	Atlanta
James H. Randolph, M. D.....	Jacksonville
Herman Watson, M. D.....	Lakeland
R. H. Mooty, M. D.....	Winter Haven
W. E. Sherman, M. D.....	Winter Haven
Robt. D. May, M. D.....	Jacksonville
A. Clark Walkup, M. D.....	St. Augustine
A. W. Underwood, M. D.....	St. Augustine
A. L. Blalock, M. D.....	Madison
Raymond G. Fox, M. D.....	Orlando
Chas. Robt. Oglesby, M. D.....	Oldsmar
G. M. Fanton, M. D.....	Hastings

CONSTITUTION AND BY-LAWS OF THE FLORIDA MEDICAL ASSOCIATION.

ARTICLE I.

NAME OF THE ASSOCIATION

The name and title of this organization shall be the Florida Medical Association.

ARTICLE II.

PURPOSES OF THE ASSOCIATION.

The purposes of this Association shall be to federate and bring into one compact organization the entire medical profession of the State of Florida, and to unite with similar Associations in other States to form the American Medical Association, with a view to the extension of medical knowledge, and to the advancement of medical science, to the elevation of the standard of medical education, and to the enactment and enforcement of just medical laws; to the promotion of friendly intercourse among physicians, and to the guarding and fostering of their material interests; and to the enlightenment and direction of public opinion in regard to the great problems of State medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public in the prevention and cure of disease, and in prolonging and adding comfort to life.

ARTICLE III.

COMPONENT SOCIETIES.

Component Societies shall consist of those county medical societies which hold charters from this Association.

ARTICLE IV.

COMPOSITION OF THE ASSOCIATION.

SECTION 1. This Association shall consist of Members, Delegates and Guests.

SEC. 2. MEMBERS. The Members of this Association shall be the members of the component county medical societies.

SEC. 3. DELEGATES. Delegates shall be those members who are elected in accordance with this Constitution and By-Laws to represent their respective component societies in the House of Delegates of this Association.

SEC. 4. GUESTS. Any distinguished physician not a resident of this State may become a guest during any Annual Session upon invitation of the officers of this Association, and shall be accorded the privilege of participating in all of the scientific work for that Session.

ARTICLE V.

HOUSE OF DELEGATES.

The House of Delegates shall be the legislative and business body of the Association, and shall consist of (1) Delegates elected by the component county societies, and (2), *ex-officio*, the officers of the Association as defined in this Constitution.

ARTICLE VI.

SESSIONS AND MEETINGS.

SECTION 1. The Association shall hold an Annual Session, during which there shall be held daily not less than two General Meetings, which shall be open to all registered members, delegates and guests.

SEC. 2. The time and place for holding each Annual Session shall be fixed by the House of Delegates.

ARTICLE VII.

OFFICERS.

SECTION 1. The officers of this Association shall be a President, three Vice-Presidents, Secretary-Editor, Treasurer and eleven Councilors.

SEC. 2. The President and Vice-Presidents shall be elected for a term of one year. The Secretary-Editor, Treasurer and Councilors shall be elected for a term of four years each, the Councilors being divided into groups so that three shall be elected each year for three years and two for the fourth year. All of these officers shall serve until their successors are elected and installed.

SEC. 3. The officers of this Association shall be elected by the Association at noon on the second day of the annual session, and any member shall be eligible to any office named in the preceding section, but no person shall be elected to such an office who is not in attendance during that annual session (except the Councilors) and who has not been a member of the Association for two years.

SEC. 4. THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION shall be the official organ of the Association.

ARTICLE VIII.

REFERENDUM.

The General Meeting of the Association may, by a two-thirds vote, order a general referendum upon any question pending before the House of Delegates, and the House of Delegates may, by a similar vote of its own members, or after a like vote of the General Meeting, submit any such question to the membership of the Association for a final vote; and if the persons voting shall comprise a majority of all the members, a majority of such vote shall determine the question, and be binding upon the House of Delegates.

ARTICLE IX.

THE SEAL.

The Association shall have a common Seal, with power to break, change or renew the same at pleasure.

ARTICLE X.

AMENDMENTS.

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the delegates registered at that Annual Session, provided that such amendment shall have been presented in open meeting at the previous Annual Session, and that it shall have been sent officially to each component county society at least two months before the session at which final action is to be taken.

BY-LAWS.

CHAPTER I.
MEMBERSHIP.

SECTION 1. All members of Component Societies shall be privileged to attend all meetings and take part in all of the proceedings of the Annual Session, and shall be eligible to any office within the gift of the Association.

SEC. 2. The name of a physician upon the properly certified roster of members, or list of delegates, of a component society which has paid its annual assessment, shall be *prima facie* evidence of his right to register at the annual session in the respective bodies of this Association.

SEC. 3. No person who is under sentence of suspension or expulsion from any component society of this Association, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Association, nor shall he be permitted to take any part in any of its proceedings until such time as he has been relieved of such disability.

SEC. 4. Each member in attendance at the annual session shall enter his name on the registration book, indicating the component society of which he is a member. When his right to membership has been verified by reference to the roster of his society, he shall receive a badge which shall be evidence of his right to all the privileges of membership at that session. No member or delegate shall take part in any of the proceedings of an annual session until he has complied with the provisions of this section.

CHAPTER II.

ANNUAL AND SPECIAL SESSIONS OF THE ASSOCIATION.

SECTION 1. The Association shall hold an annual session at such time and place as has been fixed at the preceding annual session.

SEC. 2. Special sessions of either the Association or of the House of Delegates may be called by the Executive Committee.

CHAPTER III.

GENERAL MEETINGS.

SECTION 1. The General Meetings shall include all registered members, delegates and guests, who shall have equal rights to participate in the proceedings and discussions, and, except guests, to vote on pending questions. Each General Meeting shall be presided over by the President, or in his absence or disability, or by his request, by one of the Vice-Presidents. Before it, at such time and place as may have been arranged, shall be delivered the annual address of the President and the annual orations, and the entire time of the Session so far as may be shall be devoted to papers and discussions relating to scientific medicine.

SEC. 2. The General Meeting shall have authority to create committees or commissions for scientific investigations of special interest and importance to the profession and public, and to receive and dispose of reports of the same; but any expense in connection therewith must first be approved of by the House of Delegates.

SEC. 3. Except by special vote, the order of exercises, papers and discussions as set forth in the official program shall be followed from day to day until it has been completed.

SEC. 4. No address or paper before the Association, except those of the President and Orators, shall occupy more than twenty minutes in its delivery;

and no member shall speak longer than five minutes, nor more than once on any subject. Provided, that all papers be read before the component County Medical Society of which the essayist is a member.

SEC. 5. All papers read before the Society shall be its property. Each paper shall be deposited with the Secretary when read.

CHAPTER IV.

HOUSE OF DELEGATES.

SECTION 1. The House of Delegates shall meet annually at the time and place of the annual session of the Association, and shall so fix its hours of meeting as not to conflict with the first General Meeting of the Association, or with the meeting held for the address of the President and the annual oration, and so as to give delegates an opportunity to attend the other scientific proceedings and discussions so far as is consistent with their duties. But if the business interests of the Association and profession require, it may meet in advance, or remain in session after the final adjournment of the General Meeting.

SEC. 2. Each component county society shall be entitled to send to the House of Delegates each year one delegate for every 20 members, and one for each fraction thereof, but each county society holding a charter from this Association, which has made its annual report and paid its assessment as provided in this Constitution and By-Laws, shall be entitled to one delegate. Provided, that this annual report must be made to the Secretary of the State Association at least thirty days prior to the date of the annual meeting.

SEC. 3. A majority of the registered delegates shall constitute a quorum, and all of the meetings of the House of Delegates shall be open to members of the Association.

SEC. 4. It shall, through its officers, Council, and otherwise, give diligent attention to and foster the scientific work and spirit of the Association, and shall constantly study and strive to make each annual session a stepping-stone to future ones of higher interest.

SEC. 5. It shall consider and advise as to the material interests of the profession, and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and enforce all proper medical information in relation thereto.

SEC. 6. It shall make careful inquiry into the condition of the profession of each county in the State, and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse between physicians of the same locality, and shall continue these efforts until every physician in every county of the State who can be made reputable has been brought under medical society influence.

SEC. 7. It shall encourage post-graduate work in medical centers, as well as home study and research, and shall endeavor to have the results utilized and intelligently discussed in the county societies.

SEC. 8. It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body in such a manner that not more than one-half of the delegates shall be elected in any one year.

SEC. 9. In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies to be designated by hyphenating the names of two or more counties so as to distinguish them from district and other classes of societies, and these societies, when organized and chartered, shall be entitled to all the privileges and representation provided herein for county societies, until such counties may be organized separately.

SEC. 10. It shall divide the State into Councilor Districts, specifying what counties each district shall include, and, when the best interest of the Association and profession will be promoted thereby, organize in each a district medical society, and all members of component county societies, and no other, shall be members in such district societies. When so organized, from the presidents of such district societies shall be chosen the Vice-Presidents of this Association, and the presidents of the county societies of the district shall be the vice-presidents of such district societies.

SEC. 11. It shall have authority to appoint committees for special purposes from among members of the Association who are not members of the House of Delegates, and such committees may report to the House of Delegates in person, and may participate in the debate thereon.

SEC. 12. It shall approve all memorials and resolutions issued in the name of the Association before the same shall become effective.

SEC. 13. It shall present a summary of its proceedings to the last general meeting of each annual session and shall publish the same.

CHAPTER V.

ELECTION OF OFFICERS.

SECTION 1. All elections shall be by secret ballot, unless there is but one nominee for an office when the Secretary, upon motion duly seconded and carried, is empowered to cast the ballot of the Association for the nominee. A majority of the votes cast shall be necessary to elect.

CHAPTER VI.

DUTIES OF OFFICERS.

SECTION 1. The President shall preside at all meetings of the Association and of the House of Delegates; shall appoint all committees not otherwise provided for; shall deliver an annual address at such time as may be arranged; shall give a deciding vote in case of a tie, and shall perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the State during his term of office, and, as far as practicable, shall visit, by appointment, the various sections of the State and assist the Councilors in building up the county societies, and in making their work more practical and useful.

SEC. 2. The Vice-Presidents shall assist the President in the discharge of his duties. In the event of his death, resignation or removal, the Council shall select one of the Vice-Presidents to succeed him.

SEC. 3. The Treasurer shall give bond for the trust reposed in him whenever the House of Delegates shall deem it requisite. He shall demand and receive all funds due the Association, together with the bequests and donations. (He shall, under the direction of the House of Delegates, sell or lease any estate belonging to the Association, and execute the necessary papers; and shall, in general, subject to such direction, have the care and management of the fiscal affairs of the Association.) He shall pay money out of the Treasury only on a written order

of the President, countersigned by the Secretary; he shall subject his accounts to such examination as the House of Delegates may order, and he shall annually render an account of his doings and of the state of the funds in his hands. He shall charge upon his books the assessments against each component county society at the end of the fiscal year; he shall collect and make proper credits for the same, and perform such other duties as may be assigned to him. The expenses of the Treasurer in attending the Annual Sessions may be paid by the House of Delegates.

SEC. 4. The Secretary, acting with the Committee on Scientific Work, shall prepare and issue the programs for and attend all meetings of the Association and of the House of Delegates, and shall keep minutes of their respective proceedings in separate record books. He shall be custodian of all record books and papers belonging to the Association, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Association which come into his hands. He shall provide for the registration of the members and delegates at the Annual Sessions. He shall keep a card-index register of all the legal practitioners of the State by counties, noting on each his status in relation to his county society, and upon request shall transmit a copy of this list to the American Medical Association for publication. In so far as it is in his power he shall use the printed matter, correspondence and influence of his office to aid the Councilors in the organization and improvement of the county societies, and in the extension of the power and usefulness of this Association. He shall conduct the official correspondence, notifying members of meetings, officers of their election, and committees of their appointment and duties. He shall act as Chairman of the Committees on Scientific Work and on Publication. He shall employ such assistants as may be ordered by the Council or the House of Delegates. He shall annually make a report of his doings to the House of Delegates.

In order that the Secretary may be enabled to give that amount of time to his duties which will permit of his becoming proficient, it is desirable that he should receive some compensation. The amount of his salary shall be \$600.00 per annum.

CHAPTER VII.

COUNCIL.

SECTION 1. The Executive Committee shall hold daily meetings during the annual session of the Association and at such other times as necessity may require, subject to the call of the Chairman. It shall, through its Chairman, make an annual report to the House of Delegates at such time as may be provided.

SEC. 2. Each Councilor shall be organizer, peace-maker and censor for his district. He shall visit each county in his district at least once a year for the purpose of organizing component societies where none exist, for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual report of his doings, and of the condition of the profession of each county in his district to each annual session of the House of Delegates. The necessary traveling expenses incurred by such Councilor in the line of the duties herein imposed may be allowed by the House of Delegates upon a proper itemized statement, but this shall not be construed to include his expense in attending the annual session of the Association.

SEC. 3. The Executive Committee shall be the Board of Censors of the Association. It shall consider all questions involving the rights and standing of members whether in relation to other members, to the component societies, or to this Association. All questions of an ethical nature brought before the House of Delegates, or the general meeting, must originate in the county society and shall be referred to the Executive Committee without discussion.

CHAPTER VIII.

COMMITTEES.

SECTION 1. The regular committees shall be as follows:

An Executive Committee, a Committee on Legislation and Public Policy, and a Committee on Scientific Work. These to be appointed by the President.

A Committee on Arrangements, and such other Committees as may be necessary from time to time will be named by the Executive Committee.

SEC. 2. The Committee on Scientific Work shall consist of three members, of which the Secretary shall be a member, and shall determine the character and scope of the scientific proceedings of the Association for each session, subject to the instructions of the House of Delegates or of the Association, or to the provisions of the Constitution and By-Laws. Previous to each annual session it shall prepare and issue a program announcing the order in which papers, discussions and other business shall be presented, which shall be adhered to by the Association as nearly as practicable.

SEC. 3. The Committee on Legislation and Public Policy shall consist of three members and the President and Secretary. Under the direction of the House of Delegates it shall represent the Association in securing and enforcing legislation in the interest of the public health and of scientific medicine. It shall keep in touch with professional and public opinion, shall endeavor to shape legislation so as to secure the best results for the whole people, and shall utilize every organized influence of the profession to promote the general influence in local, state and national affairs and elections. Its work shall be done with the dignity becoming a great profession and with that wisdom which will make effective its powers and influence. It shall have authority to be heard before the entire Association upon questions of great concern at such time as may be arranged during the annual session.

SEC. 4. The Committee on Publication shall consist of the Secretary-Editor and two others to be appointed by the President, and shall have referred to it all reports on scientific subjects and all scientific papers and discussions heard before the Association. It shall be empowered to curtail or abstract papers and discussions, and any paper referred to it which may not be suitable for publication may be returned to the author. All papers read before the Association shall be the property of the Association. The Secretary-Editor shall receive an annual salary of \$600.00 for his services as Editor of the Journal, this in addition to his salary as Secretary, providing this appropriation shall be taken out of the funds of the Journal.

SEC. 5. The Committee on Arrangements shall consist of the component society in the territory in which the annual session is to be held. It shall, by committees of its own selection, provide suitable accommodations for the meeting-places of the Association and of the House of Delegates, and of their respective committees, and shall have general charge

of all the arrangements. Its Chairman shall report an outline of the arrangements to the Secretary for publication in the program, and shall make additional announcements during the session as occasion may require.

CAPTER IX.

ASSESSMENTS AND EXPENDITURES.

SECTION 1. An assessment of \$5.00 per capita on the membership of the component societies is hereby made the annual dues of the Association, of this amount \$3.00 shall be set aside as a subscription for the Journal. The Secretary of each county society shall forward its assessment together with its roster of all officers and members, list of delegates, and list of non-affiliated physicians of the county to the Secretary of this Association thirty days in advance of each Annual Session.

SEC. 2. Any county society which fails to pay its assessment, or make the reports required, on or before the date above stated, shall be held as suspended, and none of its members or delegates shall be permitted to participate in any of the business or proceedings of the Association or of the House of Delegates until such requirements have been met.

SEC. 3. All motions or resolutions appropriating money shall specify a definite amount, or so much thereof as may be necessary for the purpose indicated, and must be approved by the Council and House of Delegates on a call of the ayes and noes.

SEC. 4. Any county society shall have authority to remit the dues of its Secretary, to the State Association, for duties performed in accordance with the Constitution and By-Laws.

CHAPTER X.

RULES OF CONDUCT.

The principles set forth in the Code of Ethics of the American Medical Association shall govern the conduct of members in their relation to each other and to the public.

CHAPTER XI.

RULES OF ORDER.

The deliberations of this Association shall be governed by parliamentary usage as contained in Roberts' Rules of Order, unless otherwise determined by a vote of its respective bodies.

CHAPTER XII.

COUNTY SOCIETIES.

SECTION 1. All county societies now in affiliation with this Association or those that may hereafter be organized in this State, which have adopted principles of organization not in conflict with this Constitution and By-Laws, shall, upon application to the Council, receive a charter from and become a component part of this Association.

SEC. 2. As rapidly as can be done after the adoption of this Constitution and By-Laws, a medical society shall be organized in every county in the State in which no component society exists, and charters shall be issued thereto.

SEC. 3. Charters shall be issued only upon approval of the Council or House of Delegates and shall be signed by the President and Secretary of this Association. The Council or House of Delegates shall have authority to revoke the charter of any component county society whose actions are in conflict with the letter or spirit of this Constitution and By-Laws.

SEC. 4. Only one component medical society shall be chartered in any county. Where more than one county society exists, friendly overtures and concessions shall be made, with the aid of the Councilor

for the District if necessary, and all of the members brought into one organization. In case of failure to unite, an appeal may be made to the Council, which shall decide what action shall be taken.

SEC. 5. Each county society shall judge of the qualification of its own members, but, as such societies are the only portals to this Association and to the American Medical Association, every reputable white and legally registered physician who is practicing, or who will agree to practice, non-sectarian medicine shall be entitled to membership. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every such physician in the county to become a member.

SEC. 6. Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or expelling him, shall have the right of appeal to the Executive Committee, which, upon a majority vote, may permit him to become a member of an adjacent county society.

SEC. 7. In hearing appeals the Executive Committee may admit oral or written evidence as in its judgment will best and most fairly present the facts, but in case of every appeal, both as a Board and as individual councilors in district and county work, efforts at conciliation and compromise shall precede all such hearings.

SEC. 8. When a member in good standing in a component society moves to another county in this State, his name, upon request, shall be transferred without cost to the roster of the county society into whose jurisdiction he moves.

SEC. 9. A physician living on or near a county line may hold his membership in that county most convenient for him to attend, on permission of the society in whose jurisdiction he resides.

SEC. 10. Each county society shall have general direction of the affairs of the profession in the county, and its influence shall be constantly exerted for bettering the scientific, moral and material condition of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified physician in the county.

SEC. 11. Frequent meetings shall be encouraged, and the most attractive programs arranged that are possible. The younger members shall be especially encouraged to do post-graduate and original research work, and to give the society the first benefit of such labors. Official position and other preferments shall be unstintingly given to such members.

SEC. 12. At the time of the annual election of officers each county society shall elect a delegate or delegates to represent it in the House of Delegates of this Association, in the proportion of one delegate to each twenty members or fraction thereof, and the secretary of the society shall send a list of such delegates to the Secretary of this Association, at least ten days before the annual sessions.

SEC. 13. The secretary of each county society shall keep a roster of its members, and a list of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this State, and such other information as may be deemed necessary. He shall furnish an official report containing such information, upon blanks supplied him for the purpose, to the Secretary of this Association, thirty days in advance of each annual session, and at the same time that the dues accruing from the annual assessment are sent in. In keeping such roster the secretary shall note any changes in the personnel

of the profession by death, or by removal to or from the county, and in making his annual report he shall be certain to account for every physician who has lived in the county during the year.

SEC. 14. It shall be the duty of the secretary of each component society to read in open session once a year the Constitution and By-Laws of the Association, and twice yearly its own Constitution and By-Laws.

CHAPTER XIII.

AMENDMENTS.

These By-Laws may be amended at any annual session by a majority vote of all the delegates present at that session, after the amendment has laid upon the table for one day.

THE 1923 MEETING.

All members of the Association in attendance during the Fiftieth Annual Meeting of the Association, held in Jacksonville May 15th and 16th, agree that it was without doubt the most successful in the history of the Association. The registration exceeded two hundred and fifty, in which were included sixteen Past Presidents. The entertainments provided for the visitors and their ladies were spoken of favorably on every hand. The committee in charge were untiring in their efforts and did their work well. The only unsatisfactory feature of the meeting was the overcrowding of the scientific program. This was the result of conditions and not the fault of the Committee on Scientific Work. It has been customary for a number of years to place any and all papers on the program that were offered. With the growth of the Association, it is obvious that some other scheme will have to be worked out. It may be that the time has arrived to create sections. To greatly curtail the acceptance of papers to be read before the annual meeting would obviously cripple *THE JOURNAL*. The officers of the Association will undoubtedly give the matter careful consideration before the next annual meeting and probably will have some specific recommendations to make at that time.

OFF WITH THE OLD AND ON WITH THE NEW.

With this issue of *THE JOURNAL* the publication commences on its tenth year. Members of the Association active in its

The Journal of The Florida Medical Association

Owned and published by the Florida Medical Association.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of Congress of October 3, 1917; authorized October 16, 1918.

Published monthly at St. Augustine and Jacksonville. Price \$1.50 per year; 15 cents per single number.

Contributions for publication in this journal, whether scientific papers or reports of County Secretaries, should be typewritten.

Address Journal of the Florida Medical Association, St. Augustine, Florida, or 602-603 Consolidated Building, Jacksonville, Fla.

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FOURTH DISTRICT—Robert B. Melver, M. D., Jacksonville . . . 1925
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SIXTH DISTRICT—W. P. Adamson, M. D., Tampa . . . 1925
SEVENTH DISTRICT—W. L. Hughlett, M. D., Cocoa . . . 1925
EIGHTH DISTRICT—S. D. Rice, M. D., Gainesville . . . 1923
NINTH DISTRICT—C. H. Ryalls, M. D., Delwood . . . 1924
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councils nine and ten years ago will recall that during the 1913 session of the Florida Medical Association a committee was appointed to investigate and report on the practicability of the Association publishing its own Journal. The committee made an exhaustive and complete report at the 1914 session, recommending the publication of a monthly medical journal. The report was unanimously adopted and on July 1, 1914, THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION made its initial appearance. The writer was elected Editor and has twice since been re-elected. The members of the Association were pleased to receive from month to month a publication made up principally of original articles read before the State Association. The membership of our Association has gradually come up from less than four hundred in 1914 to something over seven hundred at the present time. THE JOURNAL made progress from year to year until we entered the World War in 1917. For the two succeeding years it frequently appeared that Florida would be compelled to suspend the publication of their Journal, as one State after another was compelled to. With dogged perseverance the writer, with a few ardent and faithful supporters, stuck to the job and while the publication materially retrogressed, not a number failed to appear. Many an issue was prepared for the printer in an army tent under adverse conditions. It became hard to secure material to publish, the doctors had entered the conflict in the interest of humanity. The armistice was signed, business depression followed and only recently the country assumed normal business activities. The business depression materially affected our income from advertisers, so that while we were able to get out a publication the JOURNAL had to be considerably curtailed. The price of issue became materially increased, the wherewithal reduced. In the meantime the ever-present "knocker" came to the front, not many of them, those few not ready to help build up, but ready to tear down. To these we have no apology to make. To the larger numbers

who have given *THE JOURNAL* their moral support we are pleased to be able to announce that from henceforth they will have reason to be proud of their State Journal. With the July issue of *THE JOURNAL*, Vol. X, No. 1, we put on a new garb, leaving a type page of five by eight inches for one of six by nine inches. A large number of additional advertisers have contracted for advertising space and the future looks well. That there has been ground for unfavorable comment we do not deny, but maintain that conditions were such that until now we could do no better. No unkind thoughts or malice are entertained toward anyone. *THE JOURNAL* pleads for an organized profession throughout the State, with the general aim of making for the betterment of the medical profession and increased health and prolongation of life for those intrusted to our care.

NEW AND NONOFFICIAL REMEDIES.

BACILLUS ACIDOPHILUS MILK-LEDERLE.—Whole milk cultured with *Bacillus acidophilus*. It contains not less than fifty million of viable organisms (*B. acidophilus*) per cc. During recent years reports have been published which indicate that the growth in the intestinal canal of the normally present *Bacillus acidophilus* may be increased so as to make it the predominating organism, by the administration of milk inoculated with *B. acidophilus*, by the administration of viable cultures of *B. acidophilus* in conjunction with lactose (sugar of milk) or by administration of lactose alone. The therapeutic value of cultures of *B. acidophilus* is still in the experimental stage. For a discussion of the actions and uses of lactic acid ferment preparations, see *New and Nonofficial Remedies*, 1922, p. 156. *Bacillus Acidophilus* Milk-Lederle must be kept on ice and should be used within one week of the expiration date which appears on each package. Lederle Antitoxin Laboratories, New York. (*Jour. A. M. A.*, Feb. 3, 1922, p. 323.)

PROPAGANDA FOR REFORM.

THE PATENT OFFICE A FEDERAL RIP VAN WINKLE.—No branch of our government is of greater importance to the progress of the country than the Patent Office provided it is intelligently administered. When the Patent Office is used, however, for an extension of the nostrum business founded on the abuse of patent and trademark laws, it becomes a menace to public health. In 1918 a report of the Committee on Patent Law Revision of the Council on Pharmacy and Chemistry recapitulated the effort made for years by the American Medical Association to bring about patent law reform and detailed some of the cruder forms of Patent Office insufficiency in the granting of patents for medications. The issuance recently for a patent on a preposterous mixture of squill root, nettle and red poppy flowers in olive oil as a remedy for tuberculosis is a further illustration of patent office incompetency. Both common sense and consideration of the health of the public suggest that the Patent Office should consult the scientific departments of the United States government conversant with medicine and therapeutics in the issuance of patents on medicinal preparations. (*Jour. A. M. A.*, Feb. 10, 1923, p. 405.)

MORE MISBRANDED NOSTRUMS.—The following proprietary preparations have been the subject of prosecution by the federal authorities charged with the enforcement of the food and drugs act:

BROWN'S NEW CONSUMPTION REMEDY.—The Postoffice Department has issued a fraud order against D. H. Brown, M. D., of Jacksonville and St. Augustine, Fla., and Brown's Magnolia Remedy Co. For some time Dr. Brown, a negro, has been advertising Dr. Brown's New Consumption Remedy, especially to members of his own race who are afflicted with tuberculosis. In 1917 the federal authorities prosecuted Brown under the Food and Drugs Act, holding that the claims for the preparation were false and fraudulent. Though convicted, he continued making his claims in newspaper advertise-

ments, and in circulars that answered these advertisements. While the Department of Agriculture is helpless to prevent this form of fraud under the provisions of the Food and Drugs Act, the Postoffice authorities are able to reach this form of fraud. The department filed charges against Brown and, after hearing the defense, issued a fraud order against Magnolia Remedy Co. and D. H. Brown. (*Jour. A. M. A.*, Feb. 17, 1923, p. 495.)

PUBLISHER'S NOTES

ABOLITION OF COCAINE.

The following communication appeared in *The London Times* of March 24th. The authors, Sir W. M. Bayliss and Dr. C. W. Saleeby, are among the best-known medical authorities in Great Britain. This letter is of interest in this country as showing the attitude of physicians in England towards the narcotic situation there and particularly to cocaine. It is also of interest to note that credit is given to American research for the discovery of a safe substitute for cocaine.

"To the Editor of The Times:

"We submit that the abolition of the use of cocaine by international action is the only effective means of ending the evils to which this drug gives rise, and this is now feasible without detriment to any department of surgical practice.

"The failure, everywhere, of all past or present methods of control is acknowledged. One of us has recently observed, in Montreal, the futility of the combined efforts of the police, the health authorities and the customs officers, and he has returned to Europe to find similar failure alike in this country and in France. Montreal, it may be noted, is the headquarters for the illicit distribution of the drug in North America. It is evident, and for evident reasons, that so long as the drug is manufactured it will be misused. In the light of the experience of other countries, we are entirely skeptical of the success of the new legislation proposed by the Home Office.

"The Committee on the Use of Cocaine in Dentistry reported in 1917 (Cd. 8489), suggesting further restrictive legislation. One of the present writers, serving on that committee, did not sign the report, but appended a memorandum in which the view was expressed that, according to the evidence of leading dental surgeons, cocaine was no longer needed in dentistry, completely effective substitutes, such as procaine, being available.

"A new synthetic substitute, known for short as "butyn," has now been prepared in Chicago, and tested widely with very good results. Like procaine, it has no action on the central nervous system. A highly favorable report on its use in ophthalmic practice appeared in the *British Medical Journal* for January 13th, last. Its introduction completes the argument advanced in 1917.

"International action should, therefore, be taken to end the present manufacture of cocaine in Germany and Switzerland or elsewhere, and the cultivation of the coca plant in Peru, Java, Bolivia and other countries. The best instrument for such action, given an instructed and active public opinion in the various countries concerned, is the Opium Committee of the League of Nations. Though neither the United States nor Germany is as yet a member of the League, both of these countries are represented on the Opium Committee. We urge that our Government should give full and cogent instructions in this sense to Sir Malcolm Delevigne, the British representative on that committee, prior to its next meeting in May. This, we are convinced, is the only way with cocaine.

"We are, sir, yours,

"W. M. BAYLISS,

"C. W. SALEEBY."

A USEFUL BOOKLET.

The Abbott Laboratories, Chicago, are distributing to physicians requesting it, a very useful monograph on the treatment of

sypilis. It brings out the salient facts pertaining to the use of the Arsphenamines in this disease, including a simplified technic for preparing and injecting solutions.

The doctor's greatest concern is to procure a drug of the highest efficiency, while yet affording the widest margin of safety for the patient. Naturally the doctor wants no distressing reactions, no injury to the spleen or kidneys or other organs. He can afford no

other drug than the best. The cost is a secondary consideration.

Among the best informed people in the profession the opinion is general that Neoarsphenamine, D. R. L., is the most reliable drug. From 25,000 injections recorded at the Polyclinic Hospital, Philadelphia, there has never been a fatality, nor even a case of nephritis attributable to the drug. That is a wonderful showing.

An Invitation to Physicians

Physicians in good standing are cordially invited to visit the Battle Creek Sanitarium and Hospital at any time for observation and study, or for rest and treatment.

Special clinics for visiting physicians are conducted in connection with the Hospital, Dispensary and various laboratories.

Physicians in good standing are always welcome as guests, and accommodations for those who desire to make a prolonged stay are furnished at a moderate rate. No charge is made to physicians for regular medical examination or treatment. Special rates for treatment and medical attention are also granted dependent members of the physician's family.

An illustrated booklet telling of the Origin, Purposes and Methods of the institution, a copy of the current "MEDICAL BULLETIN," and announcements of clinics, will be sent free upon request.

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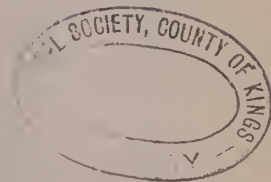
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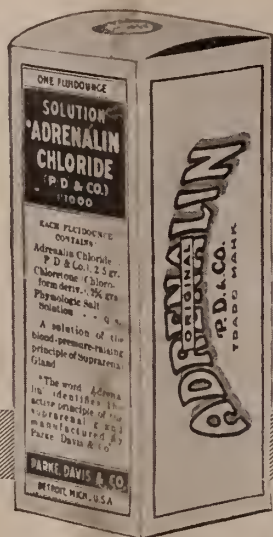
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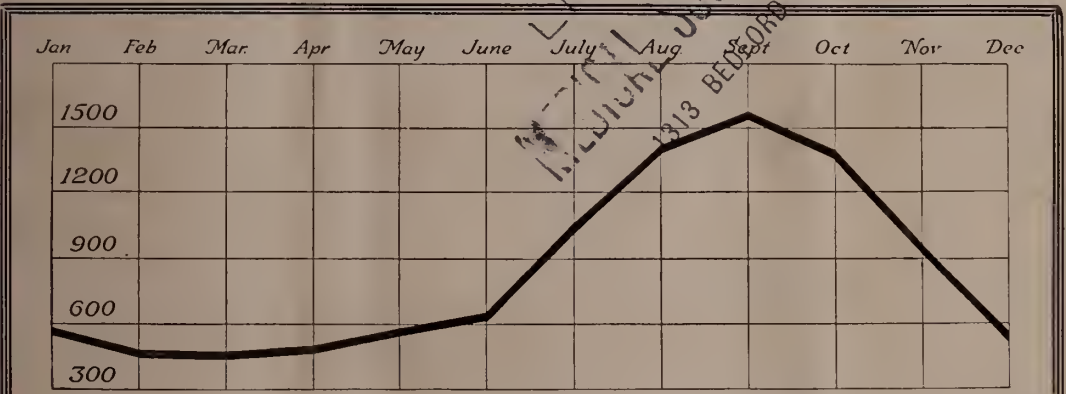
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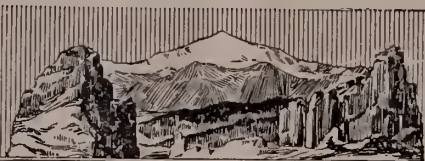
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HERE AND THERE.

(Continued from page 42.)

The Abrams Oscilloclast (?) sect of our osteopathic friends in our immediate neighborhood are quite an aggressive opposition to the real doctors.

Volusia County Medical Society does not hold any meetings during the summer months, closing from the May meeting to the October meeting. This is on account of the summer heat and because most of the

doctors are away during periods of several weeks at different times during the summer.

Dr. L. J. Efrid, president of the Hillsboro County Medical Society, is in New York city doing a little special work and enjoying a vacation.

Dr. J. R. Harris, city health officer of Tampa, is taking a much needed week's vacation on the gulf farther down the coast, putting in some time fishing and swimming.

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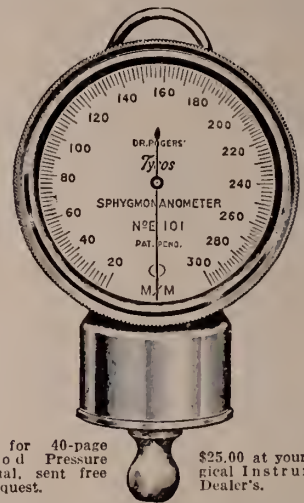
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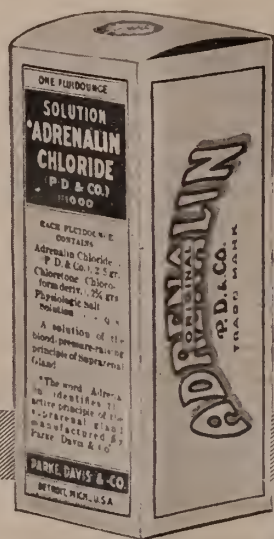
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VOLUME IX
No. 3

St. Augustine and Jacksonville, Fla., September, 1922

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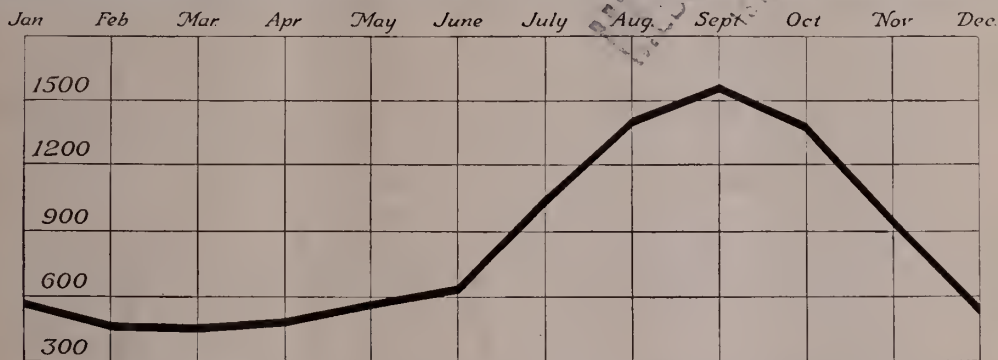
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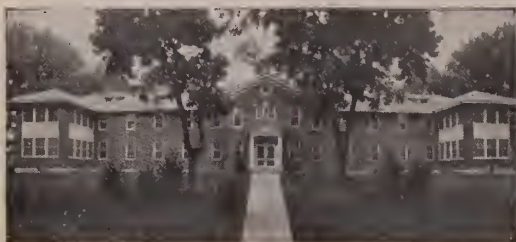


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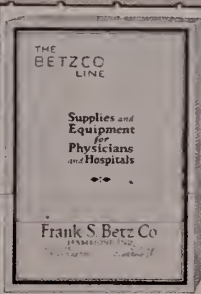
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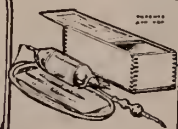
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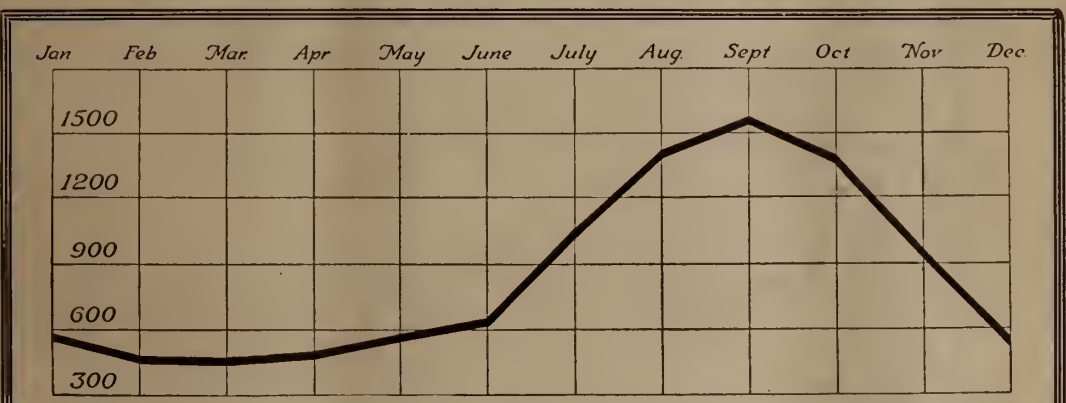
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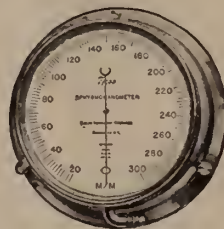
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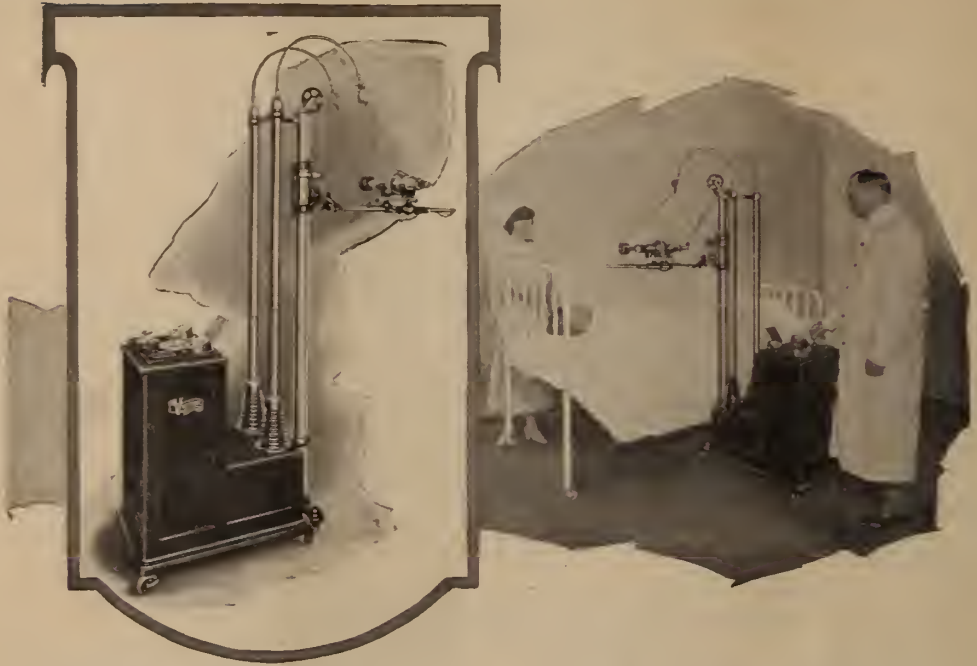
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No. 5

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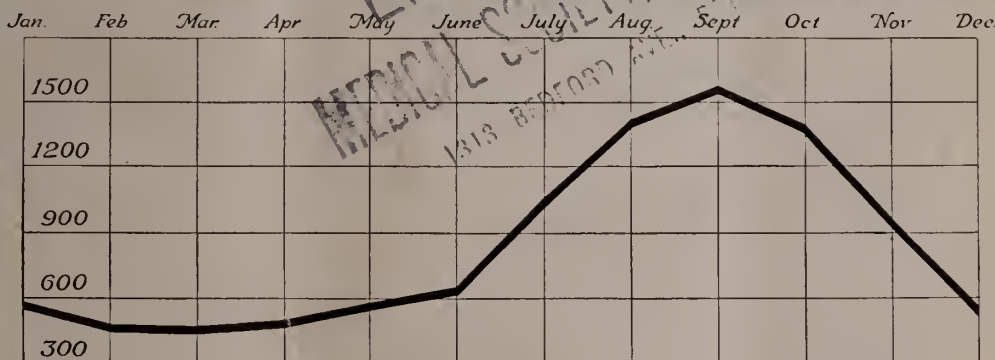
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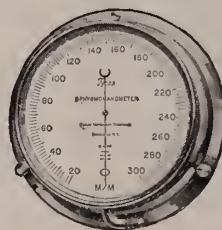
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VOLUME IX
No. 6

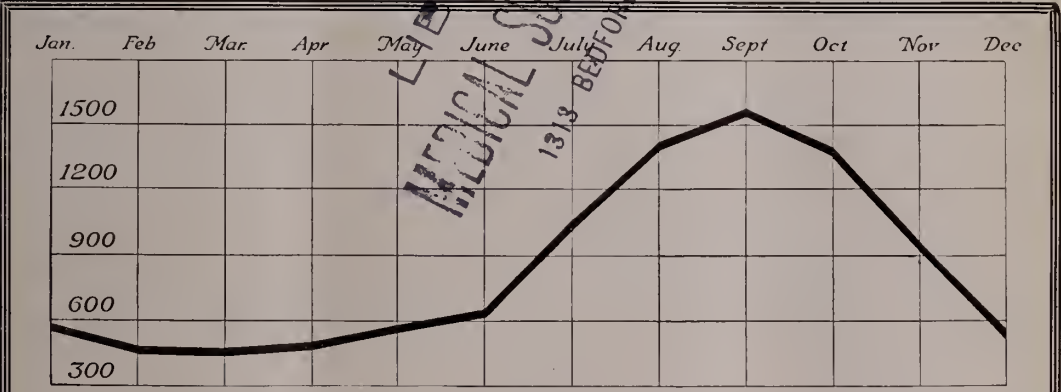
St. Augustine and Jacksonville, Fla., December, 1922

Yearly Subscription, \$1.50
Single Copy, 15c.

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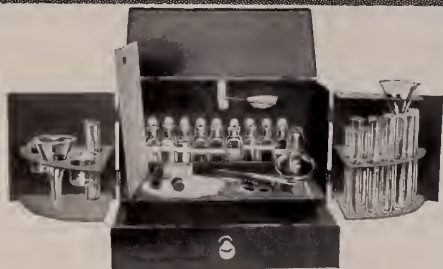
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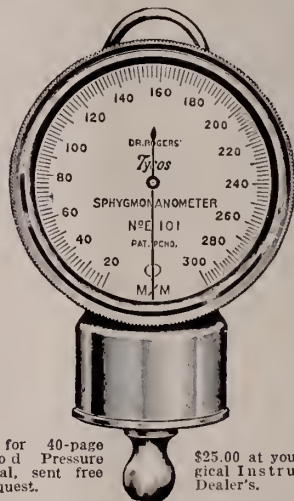
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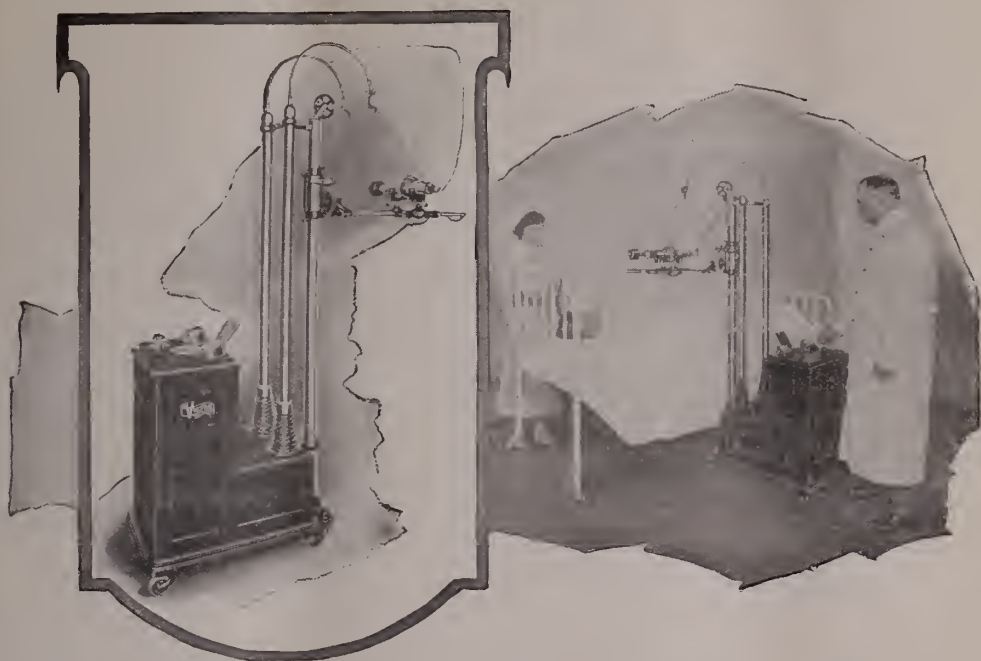
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VOLUME IX
No. 7

St. Augustine and Jacksonville, Fla., January, 1923

Yearly Subscription, \$1.50
Single Copy, 15c.

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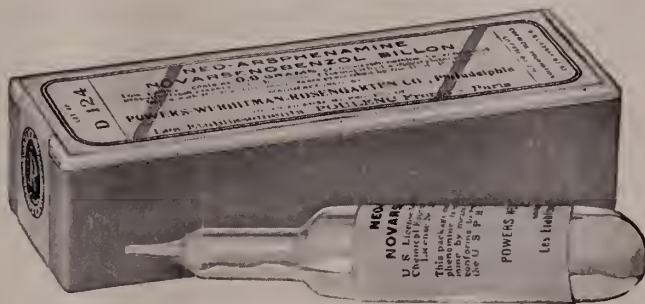
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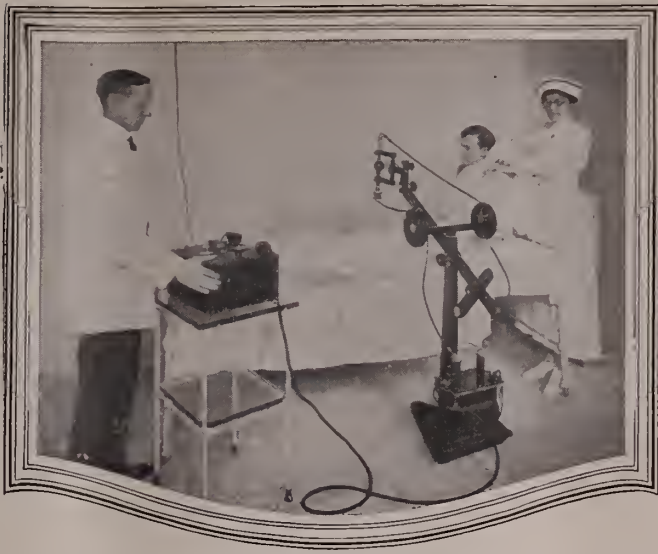
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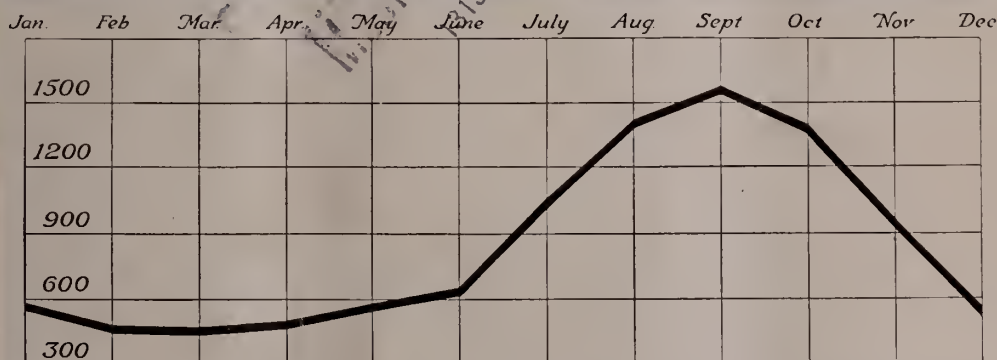
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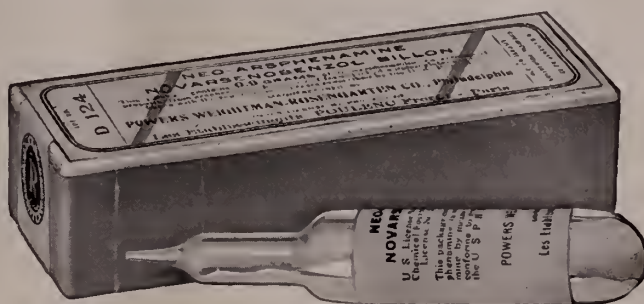
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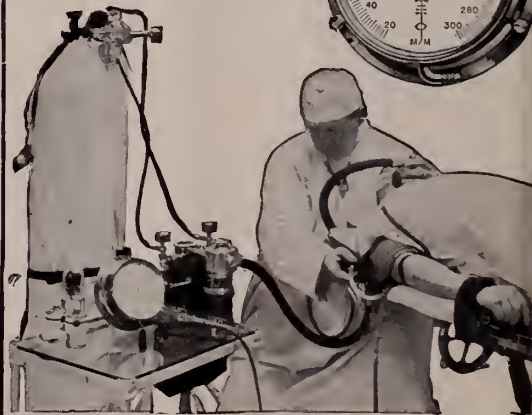
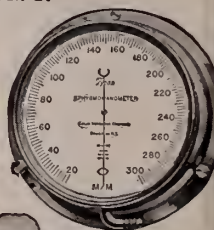
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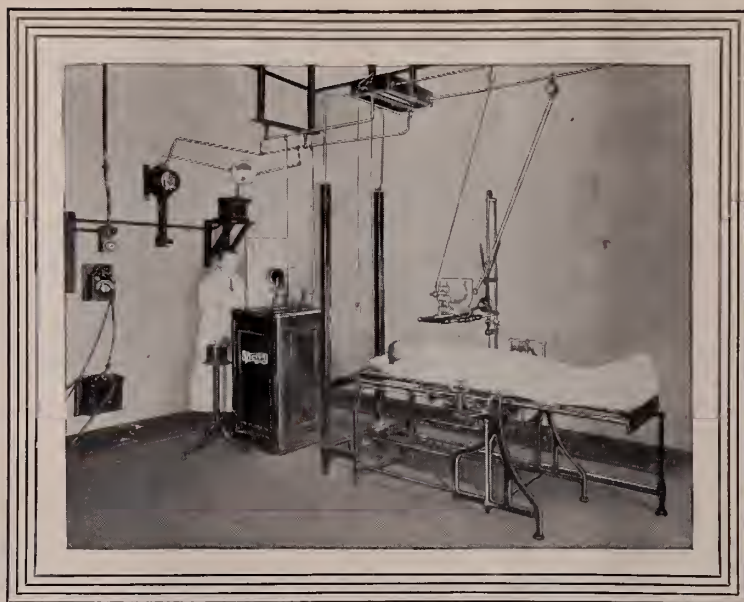
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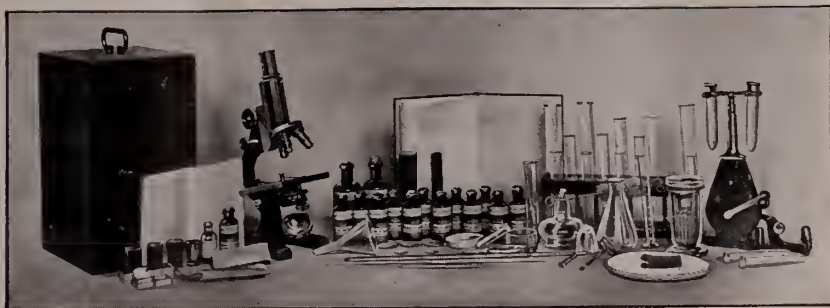
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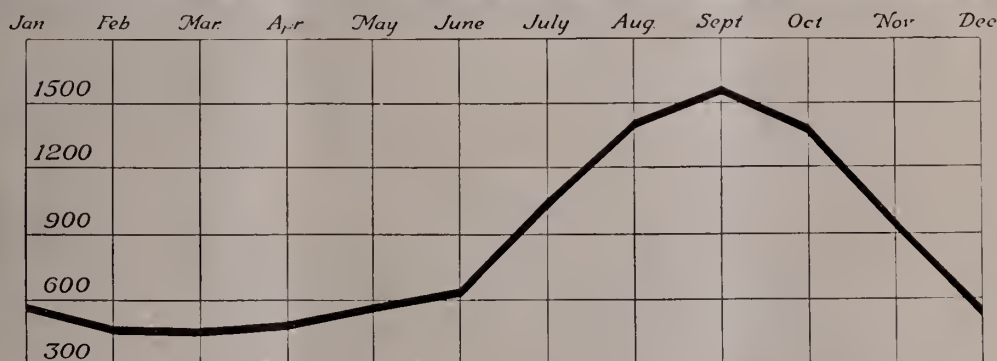
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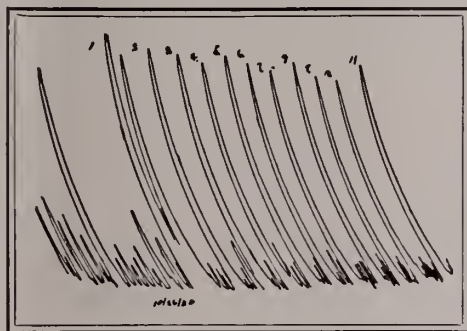
to avoid errors that would vitiate the results. In the Oxytocic test, for example, uteri from several animals may have to be tried before one suitable for the purpose is found. Excessive irritability due to congestion and inflammation of the musculature renders

the specimen unfit for use. Likewise to be rejected are those muscle strips that fail to register equal contractions from like doses of a standard extract. And in every case both standard and test samples of Pituitrin must be sufficiently dilute to obviate the occurrence of the maximum contraction

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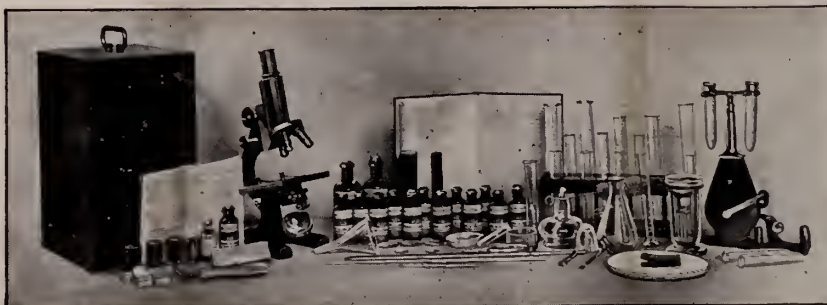
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VOLUME IX
No. 10

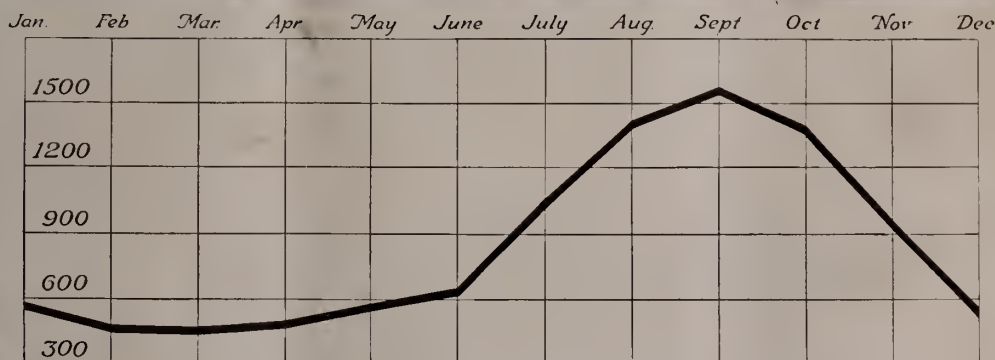
St. Augustine and Jacksonville, Fla., April, 1923

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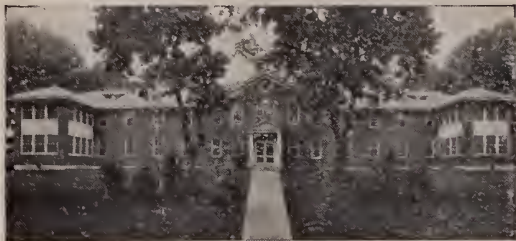
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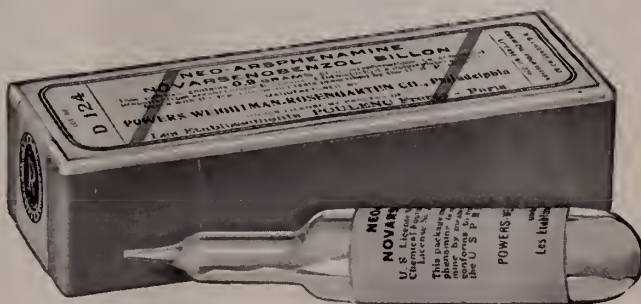
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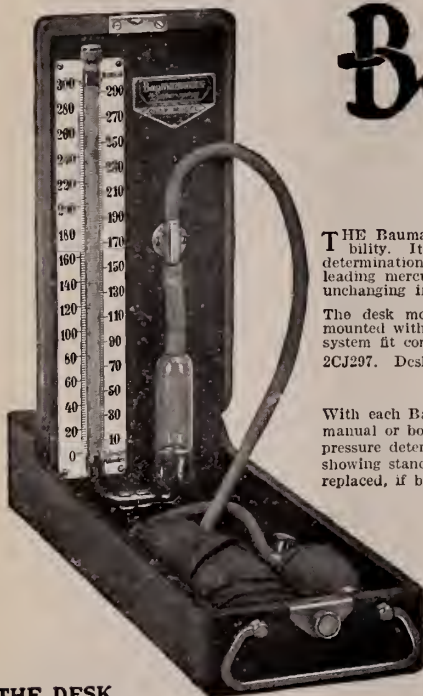
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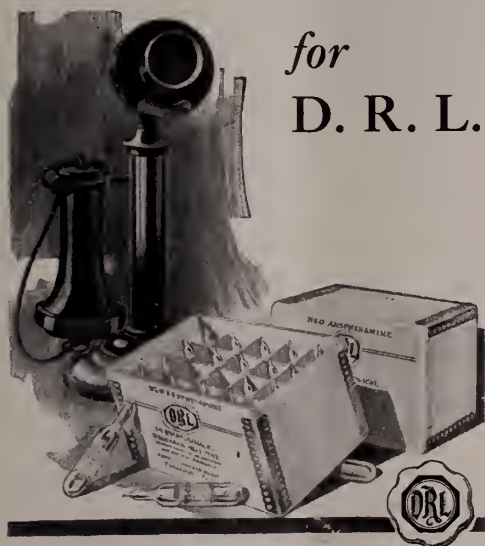
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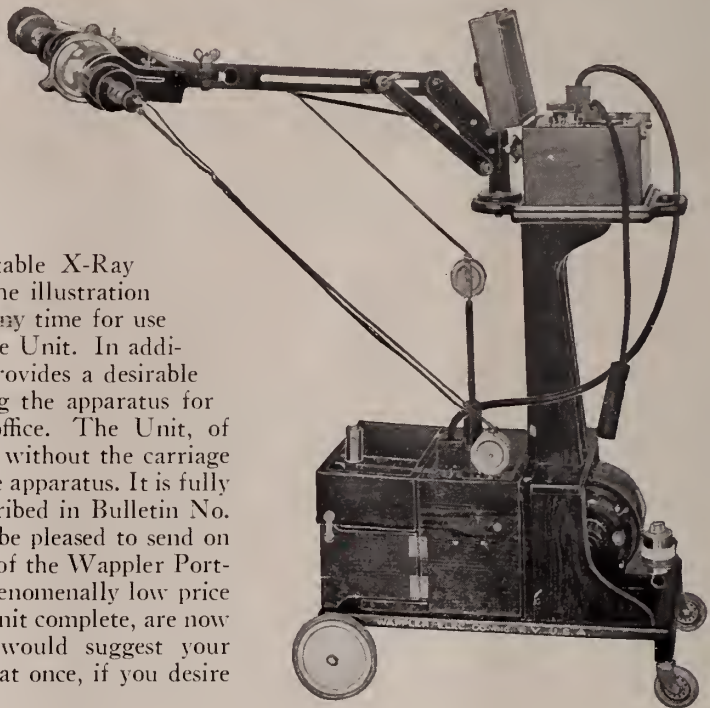
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VOLUME IX No. 11 St. Augustine and Jacksonville, Fla., May, 1923 Yearly Subscription, \$1.50 Single Copy, 15c.

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Entered as second-class matter under Act of Congress of March 3, 1879, at the Postoffice at St. Augustine, Fla., Oct. 23, 1914

Jan
Feb
Mar
Apr
May
June
July
Aug
Sept
Oct
Nov
Dec.

Month	Deaths
Jan	400
Feb	400
Mar	400
Apr	450
May	500
June	600
July	800
Aug	1100
Sept	1400
Oct	1200
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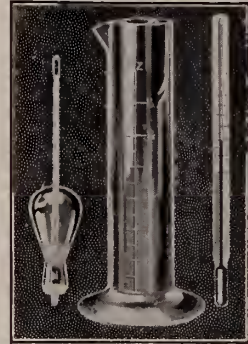
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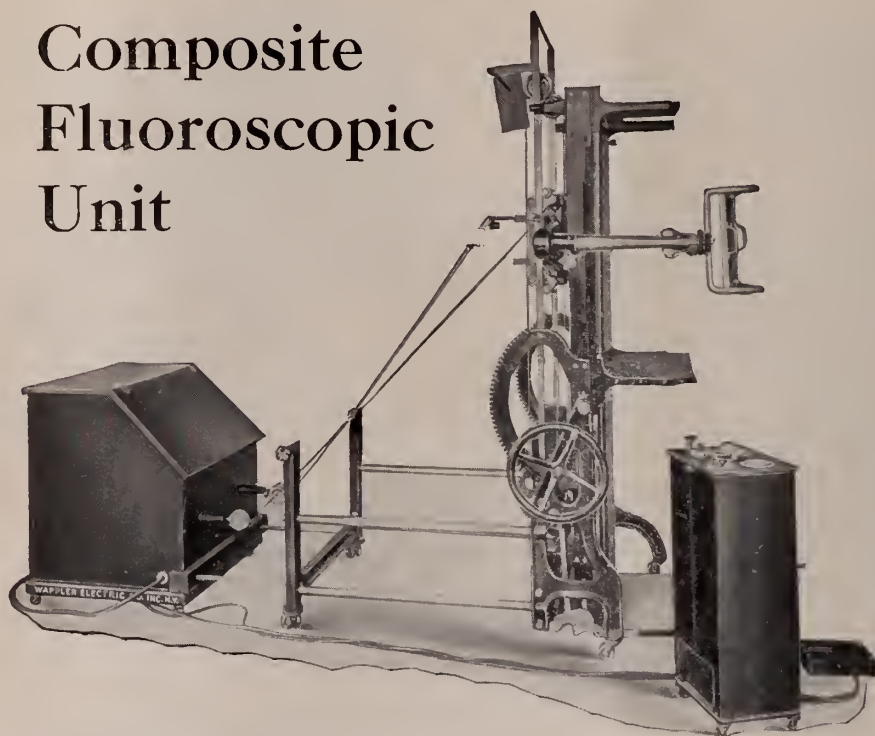
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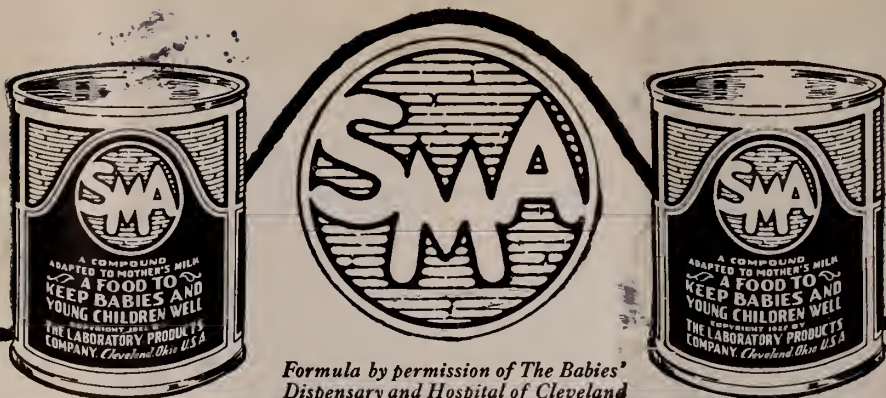
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THE JOURNAL

— OF THE —

Florida Medical Association

OWNED AND PUBLISHED BY THE FLORIDA MEDICAL ASSOCIATION

VOLUME IX
No. 12

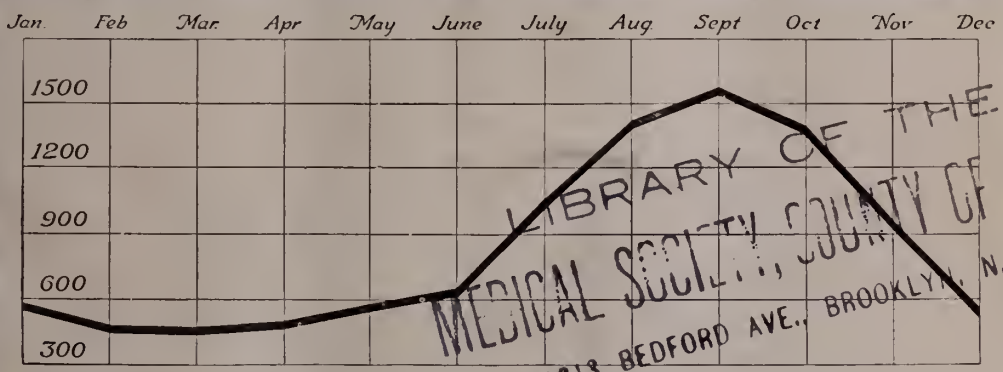
St. Augustine and Jacksonville, Fla., June, 1923

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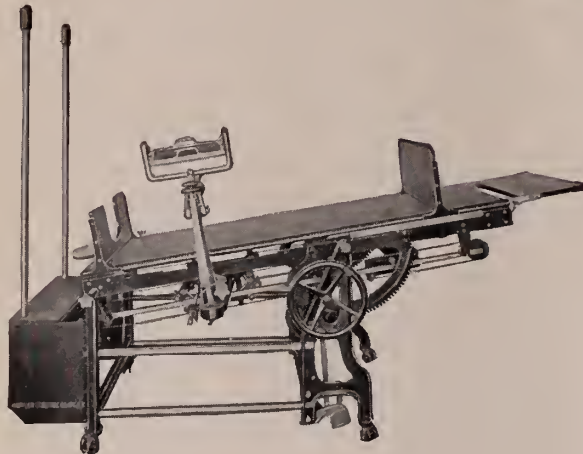
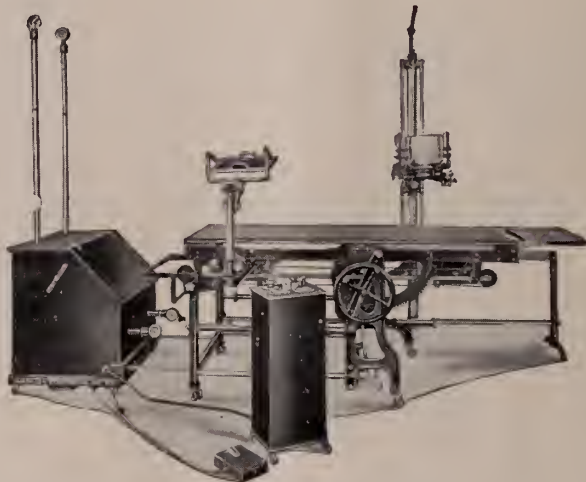
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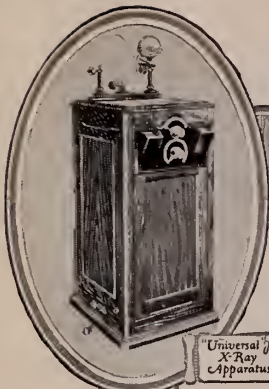
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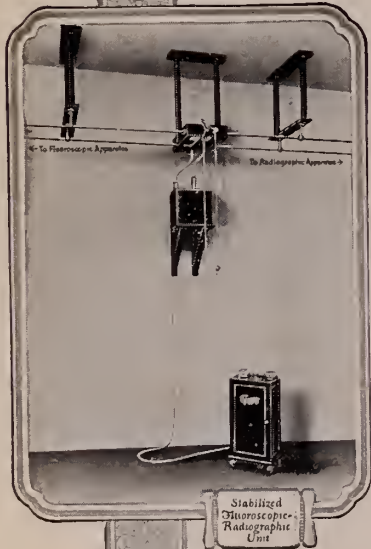
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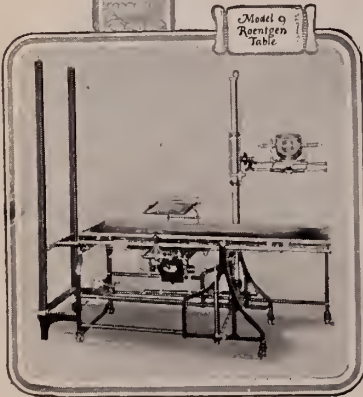
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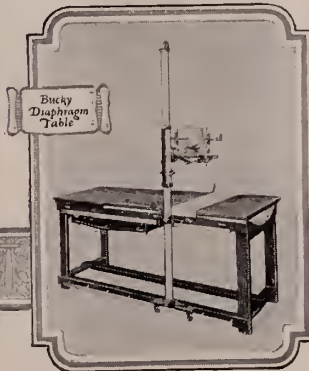
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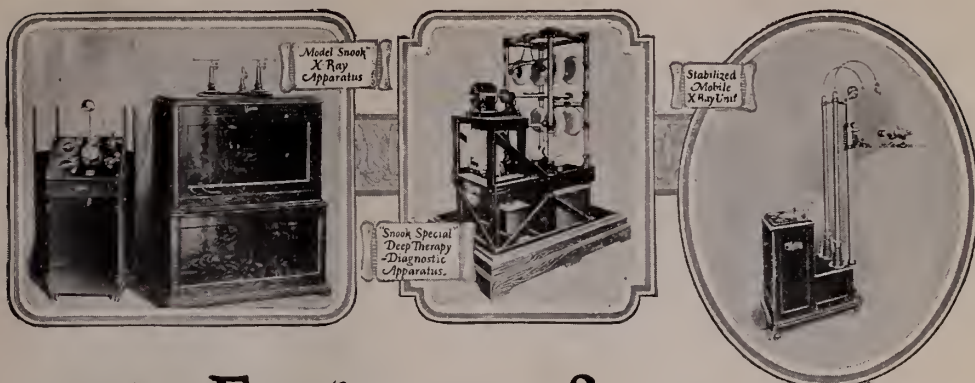


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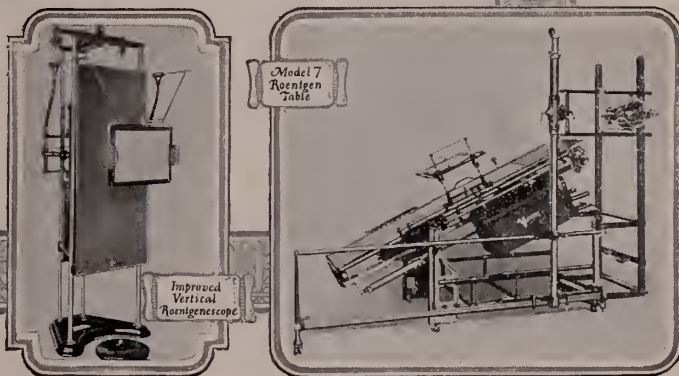
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